

**EdVisions Cooperative  
CONTINUING EDUCATION/RELICENSURE MASTER RECORD FORM**

This form must accompany your application for relicensure. You may make copies of the form as necessary.

**Name** \_\_\_\_\_ **File Folder#** \_\_\_\_\_

**Area(s) of Licensure** \_\_\_\_\_ **Year Lic. Exp** \_\_\_\_\_

Current Licensure: from \_\_\_\_\_ to \_\_\_\_\_.

Date of Activity	Category A-I	Title/Description	Required Hours per category:										Office Use Only	
			Towards 15 hrs licensure area	Towards 15 hrs TPP and PBL	Key Warning Sign	Suicide Prevent	Accom/standards	Positive Behavior	Technology	Reading	Clock Hours for this Activity	Initials		
			15	15	1	1	2	2	2	2				
<b>Total Clock Hours Earned During Relicensure Period:</b>														

**Committee Only:**  
 Areas Covered: \_\_\_\_\_ Missing: \_\_\_\_\_  
 Reflection: \_\_\_\_\_ ELL \_\_\_\_\_ Full renewal  
 Granted: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_