

**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.

Bobby Jo Johnson

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Name

File Folder#

5-12 Social Studies

2017

Area(s) of Licensure

Year Lic. Exp

Current Licensure: from 7/2012__ to 6/2017.

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	
3/12/13	B	Conversation Day: SS Breakout session	1.5										
1/30/13	A	Hamline course on SS best practices- 1 Sem Credit	24										
2/12/14	C	Early Warning Signs Mental Health			4								
4/22-24/15	B	National Charter School Conference										24	
6/20013	A	School Law Course- 3 sem credits										72	
9/15/014	C	Reading Strategies for PBL Students								2			
10/2015	C	Served on Personnel Team- Number One Charter (2005-2006)		18									
4/2016	B	Learning through Love and Logic						6					
6/2015	D	Social Studies Standards alignment					10						
6/1014	B	Moodle Training							5				
Total Clock Hours Earned During Relicensure Period:													

Committee Only:
 Areas Covered: _____ Missing: _____
 Reflection _____ ELL _____ Full renewal _____
 Granted: _____ Date: _____
 Signature: _____