

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 _____.

		Required Hours per category:	30	2	2	2	2	2		
Date of Activity	Category A-I	Title/Description	Towards 30 hrs licensure area	Key Warning Sign	Accom/Standards	Positive Behavior	Technology	Reading	Clock Hours for other Activity	Initials
Total Clock Hours Earned During Relicensure Period:										

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