

**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:							Clock Hours for other Activity	Initials
			Towards 30 hrs licensure area	Key Warning Sign	Suicide Prevent	Accom/Standards	Positive Behavior	Technology	Reading		
			30	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: \_\_\_\_\_