

5- YEAR CERTIFICATION RENEWAL REQUEST FORM

Name (please print) _____ **Date** _____

Job Title _____ **Supervisor** (please print) _____

Full-Time Employee: (Check current status)

Part-Time Employee: (Check current status)

Type of Activity-Refer to the *District Certification Renewal Plan* for an explanation and information about credit limits

Educational Activities- Please mark the box in relation to the activity type completed

✓	Activity Code	Activity Description	Verification of Activity Documentation Needed
	IA	Graduate, Undergraduate, Associate Degree, or Technical Diploma Course	Official transcript
	IB	Job-related Workshops, Conferences, Seminars, or Continuing Education Courses	Copy of program/agenda & registration confirmation or travel report Or Certificate of completion
	IC	Teaching (credit courses) – Non-instructional & instructional personnel	Signed documentation of activity
	ID	Job Enrichment	Signed documentation of activity
	IE	Teaching/facilitating district activities for certification course content	Signed documentation of activity
	IF	Curriculum/course development	Course outcome summary or documentation showing the changes
	IG	District requirement courses for initial 5-year certification	Certificate of completion & prior approval from supervisor

Occupational Activities- Please mark the box in relation to the activity type completed

✓	Activity Code	Activity Description	Verification of Activity Documentation Needed
	IIA	Occupational Experience	Verification of occupational experience form OR Self verification form
	IIB	Consulting (business, industry, or educational facility on a voluntary or paid basis directly related to your assignment, but not part of your job)	Copies of time cards or other signed documentation of activity.

Community & Professional Activities- Please mark the box in relation to the activity type completed

✓	Activity Code	Activity Description	Verification of Activity Documentation Needed
	IIIA	Formal Presentation	Copy of agenda showing you as presenter
	IIIB	Literary Accomplishment	Presentation to Certification Officer
	IIIC	College In-house Committee Participation	Signed documentation of activity
	IIID	Leadership position/role	Written verification from officer or chair
	IIIE	Other professional development activities	Signed documentation of activity

Course Title: _____ **Course No.:** _____ **College/University:** _____

Activity Information: (Describe the activity, attach supportive materials, and explain why this activity should qualify)

Activity Hours: _____ **Starting Date:** _____ **Requestor Signature:** _____

Semester Credits: _____ **Ending Date:** _____ **Supervisor Signature:** _____

Approved **Comments:** _____

Certification Officer: _____ **Date:** _____