**APPLICATION FOR LICENSE RENEWAL**

*December 2022*

**eGOV Individualized Renewal Record – Page 1**

|  |  |  |
| --- | --- | --- |
| **Name: First** | **Middle** | **Last** |
| **Social Security Number**    -  -    ­­­­ **or** | **Virginia License #**      - | |

## Part IV-Individualized Renewal Record

***Summary of Points Earned During the Past Five Years to be Credited Toward Renewal:***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Option  Maximum Points | 1  (180) | 2  (45) | 3  (90) | 4  (90) | 5  (90) | 6  (90) | 7  (90) | 8  (180) | Credit for All Options |
| Total Points |  |  |  |  |  |  |  |  |  |

**Required for individuals employed by a Virginia educational agency:**

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Division or Accredited Nonpublic School:

Advisor’s Name: (Please print/type)

Title:

Advisor’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I recommend the renewal of the Virginia license and certify that the above-named license holder completed the listed activities and that these activities comply with Virginia’s renewal regulations.

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Superintendent’s or Designee’s Name: (Please print/type):

Title:

Superintendent’s or Designee’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  |  | **Verification of Completed Activities** | |  |
|  | **Activity Points** | **Applicant Initials** | **Advisor**  **Initials** | **Date** |
| **Option 1: College Credit (180)**  Course No./Title College/Year Taken |  |  |  |  |
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| **Option 2: Professional Conference (45)**  Name Dates Attended |  |  |  |  |
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| **Option 3: Curriculum Development (90)**  Title Dates |  |  |  |  |
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**BY MY SIGNATURE, I CERTIFY THAT THE INFORMATION ON THIS FORM IS ACCURATE AND COMPLETE. I UNDERSTAND THAT MISREPRESENTATION MAY RESULT IN THE DENIAL, REVOCATION, CANCELLATION, OR SUSPENSION OF THE VIRGINIA LICENSE.**

|  |  |
| --- | --- |
| **Applicant’s Signature:** | **Date:** |

ORIGINAL SIGNATURE REQUIRED MONTH/DAY/YEAR

**The application is continued on the following page. Pages 1 and 2 must include the applicant’s signature and date on each page.**

**A complete application must be submitted.**

*December 2022*

**APPLICATION FOR LICENSE RENEWAL**

**eGOV Individualized Renewal Record – Page 2**

|  |  |  |
| --- | --- | --- |
| **Name: First** | **Middle** | **Last** |
| **Social Security Number**    -  -    ­­­­ **or** | **Virginia License #**      - | |

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| --- | --- | --- | --- | --- |
|  |  | **Verification of Completed Activities** | |  |
|  | **Activity Points** | **Applicant Initials** | **Advisor**  **Initials** | **Date** |
| **Option 4: Publication of Article (90)**  Title Magazine Date Published |  |  |  |  |
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| **Option 5: Publication of Book (90)**  Title Publisher Date Published |  |  |  |  |
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| **Option 6: Mentorship/Supervision (90)** Person Date Supervised |  |  |  |  |
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| **Option 7: Educational Project (90)**  Title Dates |  |  |  |  |
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| **Option 8: Professional Development Activities (180)**  Project/Title Dates |  |  |  |  |
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|  |  |
| --- | --- |
| **Applicant’s Signature:** | **Date:** |

ORIGINAL SIGNATURE REQUIRED MONTH/DAY/YEAR

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**A complete application must be submitted.**