South Carolina School Districts
Recertification Computation Sheet
for Professional Educator's Certificate

Last name		First name	M.I.	Former name if needed
Social Security # (optional)	**School Location**	**SC Certificate # (required)**	**Highest Degree**	***Certification Validity Period** ____/____/____ to 06/30/____

OPTION/DESCRIPTION/MAXIMUM POINTS

Course No./Title			Ending Date	Administrator's Preapproval If required	Points Earned
Option 1: College Credit (120)					
Course No./Title	College				
Course No./Title	College				
Option 2: SDE Certificate Renewal Course (120)					
Course No./Title	Location				
Course No./Title	Location				
Option 3: State Department of Education Approved CEU Credit					
Activity	Location				
Activity	Location				
Option 4: Publications (60)					
Title	Publisher	Date Published			
Title	Publisher	Date Published			
Option 5: Instruction (60)					
Workshop or Course Title	Location				
Workshop or Course Title	Location				
Option 6: Professional Training (120)					
Title	Sponsoring Organization/Agency				
Title	Sponsoring Organization/Agency				
Title	Sponsoring Organization/Agency				
Title	Sponsoring Organization/Agency				
Option 7: Professional Assessor/Evaluator (60)					
Type	Duties				
Type	Duties				
Option 8: Mentorship, Supervision, or Mentoring (60)					
Type					
Type					
Type					

Option 9: Educational Project, Collaboration, Grant, or Research (60)			
Course No./Title	**Ending Date**	**Administrator's Preapproval if required**	**Points Earned**
Type of Project, Collaboration, Grant, or Research			
Type of Project, Collaboration, Grant, or Research			
Option 10: Professional Development Activity (60)			
Title Sponsoring Organization/Agency			
Title Sponsoring Organization/Agency			
Title Sponsoring Organization/Agency			
Option 11: Professional Development Activity – CEU Credit (120)			
Title			
Title			
Title			
Total Renewal Credits Earned > >			

JASON FLATT SUICIDE PREVENTION MODULE 2 TRAINING

All High School and Middle School Educators and Administrators must meet the one time requirement before certificate renewal

Indicate requirement has been met by checking the box

☐ ***Mental Health Issues Surrounding Suicidal Ideation*** https://learn.jasonfoundation.com/courses/module-2/

Please check one of the following:

☐ This completes my Renewal Credit points for this cycle. Please renew my certificate.	☐ This is a partial submission of Renewal Credit points. My certificate is not ready for renewal.

☐ I give permission for the District Renewal Coordinator to enter my renewal credits for recertification purposes.

Signature of Educator: _____ Date: _____

☐ All activities directly relate to the applicant's professional certificate renewal plan, support the goals of the employing educational entity, promote student achievement, and meet the criteria specified in the renewal credit matrix.

Signature of Administrator: _____ Date: _____