**APPLICATION FOR LICENSE RENEWAL**

*December 2022*

**eGOV Individualized Renewal Record – Page 1**

|  |  |  |
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| **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:***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| OptionMaximum 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**

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| **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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