

**ALBEMARLE COUNTY SCHOOLS
INDIVIDUALIZED RECERTIFICATION INPUT REPORT FORM**

Please print in ink all information requested below:

EMPLOYEE NAME: _____ JOB TITLE: _____

(Must provide full legal name for identification purposes)

SCHOOL/DEPT.: _____ INSTRUCTIONAL ASSIGNMENT AREA(S): _____

DEGREE LEVEL: _____ ENDORSEMENT AREA(S): _____

TYPE OF LICENSE: _____ LICENSE NUMBER: _____ LICENSE EXPIRATION DATE: _____

DIRECTIONS:

1. This document is to be used to report points earned through recertification activities. More than one activity may be reported on the same form.
2. All of the above information **MUST** be provided for accurate entry into the Albemarle County Licensure Database due to the elimination of Social Security Numbers on this form.
3. Remember to obtain prior approval of professional conferences, peer observations, educational travel, and educational projects.
4. In addition to this form, college credit (Option 1)*, must be verified by an official transcript. You must contact the college/university and have an official transcript mailed to the Albemarle County Human Resources Department, 401 McIntire Road, Charlottesville, VA 22902-4596 (Attn: Beth Churms, Licensure Specialist).
5. After securing the appropriate signature on this form, distribute copies as indicated at the bottom of the document.

	TYPE OF ACTIVITY COMPLETED	DESCRIPTION OF ACTIVITY	# OF POINTS
	Option 1: College Credit*	Course No. & Title: _____ College: _____ Date Completed: _____	
	Option 2: Professional Conference	Conf. Name: _____ Dates Attended: _____	
	Option 3: Curriculum Development	Title: _____ Dates: _____	
	Option 4: Publication of Article	Title: _____ Magazine: _____ Date Published: _____	
	Option 5: Publication of Book	Title: _____ Publisher: _____ Date Published: _____	
	Option 6: Mentorship/Supervision	Person: _____ Begin Date: _____ End Date: _____	
	Option 7: Educational Project	Title: _____ Dates: _____	
	Option 8: Professional Development Activity	Project No.: _____ Title: _____ Dates: _____	

These signatures verify completion of the activity/activities indicated above:

Employee Signature

Date

Principal, Advisor or Instructor Signature

Date

Original: Human Resources

Copies: Employee and Principal/Advisor