

**SUPPORT SYSTEM STEERING COMMITTEE
MAINE SCHOOL ADMINISTRATIVE DISTRICT #46**

APPLICATION FOR RECERTIFICATION/RENEWAL ACTIVITY

(Please type or print neatly - applications not legible will be returned. Use a separate form for each activity.)

DATE: _____ YEAR RE-CERTIFICATION IS DUE: _____

NAME: _____ SOCIAL SECURITY NUMBER: _____

GRADE LEVEL/SUBJECT _____ BUILDING _____

CERTIFICATION LEVEL:

- Targeted Need/Conditional/Transitional (1 year)
- Provisional (2 years)
- Professional (5 years)

(Check one box below and provide information requested):

- COURSE: Course Number _____ College: _____
- WORKSHOP/CONFERENCE: Location: _____
- Student Day(s)? Yes _____ No _____
- PROJECT OR INDEPENDENT STUDY
- COMMITTEE WORK
- TRAVEL EXPEREINCE
- WORK EXPERIENCE
- OTHER (Specify: _____)

Title of course, workshop, project or job/committee name: _____

Description: _____

Number of credits/clock hours expected: (choose one)

- Credits _____
- Clock Hours _____

Dates: From _____ To: _____

(Over)

How will we know you have completed activity? (check one):

- Transcript (University Courses: Transcript required – Grade from Instructor not valid.
- Certificate of Completion
- Presentation before Committee
- Other (describe): _____

- Check here if third party billing letter is needed

Third party billing letters will not be issued if any portion of an activity takes place during a professional leave day.

LEARNING GOAL:

Explain how the activity you have chosen will improve your professional performance. (Include impact on students, the district, follow-up activities, etc.)

Teacher's Signature

Date

Signature-SSSC Committee Chairperson