RENEWAL POINT COMPUTATION SHEET

First Name	Middle Name	Last Name (include any aliases)

Social Security Number	Email Address where you can be contacted	Telephone Number

*** Point Scale**

Activities (except for coursework)	*** Coursework**
Participant - 1 hour = 1 point	*Participant - 1semester hour = 15 points (Academic Credit)
Leader/Presenter - 1 hour = 3 points	*Participant - 1 CEU = 10 points (Professional Development Credit)
	**Leader/Presenter - 1semester hour = 45 points per hr students receive for attending
	1CEU = 30 points (also Professional Development Credit)
	*** If completed coursework an official transcript from a regionally accredited college or university must be attached to this form.**
	If you TAUGHT the coursework, a letter verifying courses taught from the institution is required.

All activities completed must be placed on computation sheet. (More than one sheet may be needed)

****No attached lists/or documents will be accepted in lieu of computation sheet completion****

Renewal will not be processed unless official transcripts are submitted.

Indentify if presenter in workshop or training	Name of Activity (Identify the focus/subject)	Date (s) Conducted or attended (must include the year)	Points Accrued
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Page Total_____ Grand Total _____

PART I TO BE COMPLETED BY EDUCATOR AND PERSON RESPONSIBLE FOR LOCAL EVALUATION

THIS PORTION IS TO BE COMPLETED IF APPLICANT IS EMPLOYED IN A TENNESSEE PUBLIC SCHOOL AT TIME OF APPLICATION

Applicant and Evaluator must **initial** appropriate statements (Must be done on all pages if multiple computation sheets are needed)

(Application will not be processed without both the educator and evaluator initials on all statements)

Applicant	Evaluator	
	_____	The above activities were completed during the period I supervised the applicant (if applicable)
_____	_____	The activities were not part of the state funded inservice days and were not conducted during days and/or hours for which the educator was already being paid by the local education agency.
		(Exception: activities completed on personal/professional days for TN public school educators)
_____	_____	I attest that the above activities relate to the needs of the educator as identified through the evaluation process.
_____	_____	I attest that none of the above activities were submitted as part of last renewal requirements
_____	_____	I maintain a file which contains supporting documentation of the above activities.

(Documentation, with the exception of official transcripts is not to be sent to Office of Teacher Licensing)*

Signature of Applicant	**Name of Tennessee school employed at time of application**	**Date of Signature**
Signature of Person responsible for evaluation	**Name of Tennessee school system Telephone Number**	**Date of Signature**

Part II TO BE COMPLETED BY APPLICANTS NOT EMPLOYED IN A TENNESSEE PUBLIC SCHOOL

THIS PORTION IS TO BE COMPLETED IF APPLICANT IS NOT EMPLOYED IN A TENNESSEE PUBLIC SCHOOL AT TIME OF APPLICATION

I am not currently employed in a Tennessee public school. I have attached supporting documentation for all activities listed above.
(Documentation should be signed and include name of authorized official , contact information, dates and hours of participation).
(No more than two pages per activity will be accepted.)

Signature of Applicant _____ Date _____