

**Richmond County Public Schools**  
**Warsaw, VA**

**APPROVAL OF CLASS/WORKSHOP FOR CERTIFICATE RENEWAL**

Name \_\_\_\_\_

<b><u>College Class (Credits)</u></b>	
Name of Class _____	
College/University _____	
Course No. _____	
Graduate Level ___	Undergraduate ___
Content Area ___	Non-content ___
Beginning Date _____	
Completion Date _____	
Number of Credits _____	
Note: Upon completion of the class, please request that an official transcript be sent to the School Board Office.	

<b><u>Non-Credit Class/Workshop/Project (Points)</u></b>	
Name of Class/Workshop _____	
Presenter _____	
Beginning Date _____	
Completion Date _____	
Total Hours _____	
Number of Points _____	

**Recertification Option Number (check one)**

- |  |   |
|--|---|
| <input type="checkbox"/> Option 1: College Credit          | <input type="checkbox"/> Option 5: Publication of Book      |
| <input type="checkbox"/> Option 2: Professional Conference | <input type="checkbox"/> Option 6: Mentorship/Supervision   |
| <input type="checkbox"/> Option 3: Curriculum Development  | <input type="checkbox"/> Option 7: Educational Project      |
| <input type="checkbox"/> Option 4: Publication of Article  | <input type="checkbox"/> Option 8: Professional Development |

**All options must receive PRIOR approval except for in-house non-credit workshops.**

Approval given to above named employee to take the class or participate in the workshop/project for the purpose of certificate renewal.

\_\_\_\_\_  
Superintendent or Designee

\_\_\_\_\_  
Date