Indiana Department of Education
SUPPORTING STUDENT SUCCESS

PROFESSIONAL DEVELOPMENT RENEWAL INFORMATION & VERIFICATION FORM

EDUCATOR'S BACKGROUND INFORMATION

Name: _____ Phone:_____
Address:_____
City: _____ State: _____ Zip Code: _____
Email: _____

Active License Number:_____ Expiration Date: _____
Type: _____

If there are additional licenses you want to renew, please provide the information listed below:

License Number	Type	Expiration date

To Be Completed by Applicant and Person Responsible for Local Verification

This portion is to be completed <u>if Applicant is employed in an Indiana School at the time of Application</u>. Renewal application will not be processed without initials. Applicant and Administrator must sign below.

Applicant

_____ I attest that none of the above activities were submitted as part of a previous renewal requirement.

_____ I maintain a file which contains supporting documentation of the Professional Development activities.

(Documentation of experiences is NOT to be sent to the Indiana Department of Education/Office of Educator Licensing and Development)

_____ _____ _____
Signature of Applicant Name of School Date

_____ _____ _____ _____
Signature of Administrator Name of School Date

_____ _____
Telephone number Email

This completed form is to be sent with the application materials for license renewal.