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Virginia Department of Education
Division of Teacher Education and Licensure
Post Office Box 2120
Richmond, VA 23218-2120

Make checks payable to
Treasurer of Virginia

INDIVIDUALIZED RENEWAL RECORD

Name: Last First Middle Renewal Year Social Security No.

Home Address City State Zip Code

Endorsement(s) Highest Degree Earned

Summary of Points Earned During the Past Five Years to be Credited Toward Renewal:

Option Maximum Points	1 (180)	2 (45)	3 (90)	4 (90)	5 (90)	6 (90)	7 (90)	8 (180)	Credit for All Options
Total Points									

Verification and Recommendation for License Renewal

Applicant's Signature _____ Date _____

Required for individuals employed by a Virginia educational agency:

Division _____

Advisor's Signature _____ Date _____

I recommend the renewal of the enclosed Virginia license and certify that the above-named license holder completed the listed activities and that these activities comply with Virginia's renewal regulations.

Superintendent's or Designee's Signature _____ Date _____

Exception to content course work requirement granted?

Yes _____ No _____

Reason:

Particular need of teacher _____ New endorsement _____

	Verification of Completed Activities			
	Activity Points	Applicant Initials	Advisor Initials	Date
Option 1: College Credit (180) Course No./Title College/Year Taken				
Option 2: Professional Conference (45) Conference Name Dates Attended				

