

TEACHER'S REQUEST FOR RELICENSURE POINTS
(Must be submitted prior to activity)

SCHOOL/DEPARTMENT _____

Teacher's Name _____ Employee Number (PID) _____

Current Teaching

Assignment _____ Option: _____ Points Requested: _____

(Check VA Licensure Renewal Manual to calculate)

Beginning Date: _____ Ending Date: _____

ACTIVITY (Please provide description, brochure or other appropriate documentation):

Approval of Principal/Supervisor:

_____ Date: _____

HRTD Use Only

_____ Proposal **DENIED** for the following reason(s):

_____ HRTD Licensure Specialist

_____ Date

_____ HRTD Administrator

_____ Date

_____ Proposal **APPROVED** for _____ Relicensure Points Option _____

_____ HRTD Licensure Specialist

_____ Date