

Professional Learning Community Support System Recertification Plan

Professional Certification Action Plan (PCAP) Development Instructions

STEP 1: Please carefully read and understand the Professional Certification Action Plan

instructions below.

STEP 2: Complete the Professional Certification Action Plan cover sheet.

STEP 3: Complete goal and rationale sheet(s) – plans must include a minimum of one

goal but may include more.

STEP 4: Submit your draft Professional Certification Action Plan to your school BSC members for plan implementation approval. This step must be accomplished during year 1 of your 5 year renewal cycle.

STEP 5: Once your PCAP has been approved for implementation, begin working on your

activities to complete your plan. Further instructions for completion of your plan will come from your school's BSC members.

Guidelines for Goal/Rationale Design

Guidelines for Committee Approval

A. Goal

Describe your **goal(s)** in terms of the to be skills and knowledge gains, and changes in teacher practice that you hope to achieve from the professional development activities in which you engage. Plans must include a minimum of 1 goal, but may include more.

Is the goal stated specifically enough supported by the documentation?

B. Rationale:

Your **rationale** must clearly state what student learning gains you hope will can be occur as a result of this skill/knowledge/practice gain you will make.

Does the rationale relate to desired student learning that influenced in the current assignment or site placement?

C. Activities:

Describe the activities you will relate to carry out or be involved with to accomplish this goal. If this is a group plan, define the responsibilities of each member. the

Do the activities described stated goals?

Is the time frame reasonable for goal and activities stated?

Define your time line. Specify, whenever possible, the sequence and time involved with each activity.

D. Documentation:

Describe the method(s) you will use to document the completion of your goal.

Does the documentation method chosen seem appropriate for the goal/activities described?

Examples: college credits, CEU'S, contact hours.

Does documentation include copies of: transcripts, certificates, signed letters of certification, etc.?

Are copies legible and do they include dates and hours?

Certification renewal requires accumulating a minimum of 90 approved contact hours:

1 college/university credit = 15 contact hours

1 official CEU = 10 contact hours

1 hour of participation = 1 contact hour

PROFESSIONAL CERTIFICATION ACTION PLAN (PCAP) (Cover Sheet)

*All activities for certification purposes must be listed in this plan.
File plan before renewal activity*

Plan to be filed during year one of five-year certification renewal cycle.

Name _____

Address: _____ Phone _____

School _____ Assignment _____

Certificate (s) held: _____ Expires: _____

_____ Expires: _____

_____ Expires: _____

Endorsement (s) held: _____

(Please attach a copy of your Current Certificate (s) and Endorsement (s).)

Certificate (s) requested: (circle appropriate choice)

Professional 502 Teacher

**Professional 502 Educational
Specialist**

Professional 502 Administrator

Master Teacher

Professional Renewal Plan submitted to the PLCSS (BSC) on:

Date: _____ Applicant's Signature: _____

Please keep a copy of this application and all supporting documentation for your files.

GOVERNANCE COMMITTEE RENEWAL PLAN ENDORSEMENT

1. Approved for Implementation Not Approved (See back of sheet for reasons)

BSC _____ Date _____ Copy sent to candidate on: _____
(Date)

2. Plan Completed-Recommended for Renewal of Certification

BSC _____ Date _____ Copy sent to candidate on: _____
(Date)

**** This cover sheet must be returned to Certification Expert Panel with your State Recertification Renewal Application for final signature.**

PROFESSIONAL CERTIFICATION ACTION PLAN

For certification purposes all activities must be granted SCH, as well as receive prior approval using this form.

Plan to be filed no later than year one of the five-year certification renewal cycle.

This form should be resubmitted for any additions or revisions to your plan.

Name _____

Date _____

Goal 1:

Rationale:

**Activities:
Hours:**

Dates: Contact

Total must be equivalent to six college credits (15 contact hours per college credit), nine CEU'S(10 contact hours per CEU), or ninety (90) contact hours or a combination of college credits, CEU's and contact hours.

Form Date 4/4/2010

PROFESSIONAL CERTIFICATION ACTION PLAN

Goal 2:

Rationale:

**Activities:
Hours:**

Dates:

Contact

Total must be equivalent to six college credits (15 contact hours per college credit), nine CEU's (10 contact hours per CEU), or ninety (90) contact hours or a combination of college credits, CEU's and contact hours.

PROFESSIONAL CERTIFICATION ACTION PLAN

Goal 3:

Rationale:

**Activities:
Hours:**

Dates:

Contact

Total must be equivalent to six college credits (15 contact hours per college credit), nine CEU's (10 contact hours per CEU), or ninety (90) contact hours or a combination of college credits, CEU's and contact hours.

Form Date 9/10/10