

**Salem City Schools
Office of Personnel Services
INDIVIDUALIZED RENEWAL RECORD**

Name: _____
 Last First Middle Renewal Year Employee ID Number

Home Address: _____
 Street, PO Box, Apt No. City State Zip Code

Endorsement(s) _____ Highest Degree

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 _____ Advisor's Signature _____ Date _____

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

 Superintendent's or Designee's Signature Date _____ School Division **Salem City Schools**

		Verification of Completed Activities			
		Activity Points	Applicant Initials	Advisor Initials	Date
Option 1: College Credit (180)					
Course Number / Title	College / Year Taken				
Option 2: Professional Conference (45)					
Conference Name	Dates Attended				

