

**M.S.A.D. #6 Certification Steering Committee  
Professional Renewal Plan  
Prior Approval**

Name \_\_\_\_\_ Date \_\_\_\_\_

**Certificate expiration date** \_\_\_\_\_ **Employment Location** \_\_\_\_\_

**Level** (A complete list of endorsements can be found on our web site)

K - 8 (2000 series) Number \_\_\_\_\_  SpEd (6000 series) Number \_\_\_\_\_

5-8 (3000 series) Number \_\_\_\_\_  Voc (7000 series) Number \_\_\_\_\_

7-12 (4000 series) Number \_\_\_\_\_  Specialist (8000 series) Number \_\_\_\_\_

K-12 (5000 series) Number \_\_\_\_\_

**Please explain your plan for meeting the State of Maine requirement of 6 credit hours or its equivalent for recertification:**

Activity \_\_\_\_\_ Date \_\_\_\_\_ Location \_\_\_\_\_

Activity \_\_\_\_\_ Date \_\_\_\_\_ Location \_\_\_\_\_

Committee \_\_\_\_\_ Dates \_\_\_\_\_ Committee Chair \_\_\_\_\_

Other \_\_\_\_\_ (attach abstract)

**Briefly explain how this activity relates to your recertification pursuits, and how it enhances your professional development** *(Use the back of this form if you need more space):*

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**After this plan is approved and the requirements are met, please forward documents to verify completion of each activity described above** *(transcript, grade, certificate of completion, log, etc)*

**Office Use Only**

Approved \_\_\_\_\_ Date \_\_\_\_\_

Not Approved \_\_\_\_\_  
Reason \_\_\_\_\_  
*(Chairperson Signature)*

Completed \_\_\_\_\_ Date \_\_\_\_\_  
*(Chairperson signature)*