**Spruce Mountain School District**
**Regional School Unit 73**

# RSU 73
# CERTIFICATION COMMITTEE
# Professional Renewal Plan (PRP)

Name: _____ Grade/Subject: _____

Certification Held: _____ Expiration Date: _____

**Application for Credit Based on:**

_____ Course (s)

_____ Activity (s)

**Plan Approval:**

Date – Initial: _____

# of credits approved _____

**Denial:** _____

Based on: _____

_____

_____

**Note:**

_____     _____
**Teacher's signature**                              **Date**

**Re-submit this application to the RSU 73 Certification Committee with the evidence of successful completion of the course(s) and/or activity(s).**

**Revised 9/2013: PRP Document**

**Revised 9/13: PRP Document**

Name of course/activity: _____ # of credits requested _____

Dates of attendance: _____ # of credits approved _____

Sponsoring Unit (if applicable): _____

**Statement of need:**
_____

_____

**Activities (not necessary to list for course)**

_____

_____

**Documentation:**
_____

_____

Name of course/activity: _____ # of credits requested _____

Dates of attendance: _____ # of credits approved _____

Sponsoring Unit (if applicable): _____

**Statement of need:**
_____

_____

**Activities (not necessary to list for course)**

_____

_____

**Documentation:**
_____

_____