

**MSAD 59 PLCSS PROFESSIONAL CERTIFICATION ACTION PLAN (PCAP)**

**5 Year Plan for Professional Certification Renewal**

**Name:** \_\_\_\_\_

**School:** MAMHS MJHS MES **Position / Subject Area / Grade Level:** \_\_\_\_\_

**Date 5 year cycle begins:** \_\_\_\_\_ **Date 5 year cycle ends:** \_\_\_\_\_

You need to achieve the following prior to your 5 year cycle ending:

<b>6 Credit Hours</b>	<b>9 C.E.U.s</b>	<b>90 Contact Hours</b>	<b>or any combination of these</b>
15 Contact Hours = 1 Credit Hour		1.5 C.E.U. = 1 Credit Hour	
45 Contact Hours = 3 Credit Hours		.1 C.E.U. = 1 Contact Hour	

**Professional Development**

What courses, conferences, seminars, workshops, etc. do you plan on attending in the next five years to satisfy the requirements for professional certification renewal? *Keep in mind that plans change.* The expectation is that you are taking advantage of professional development opportunities that will enhance your teaching practice and/or enable you to contribute to the teaching profession.

**Teacher Signature:** \_\_\_\_\_

Certification Committee  
Building Representative Signature: \_\_\_\_\_

*The Certification Committee Building Representative will send the original to the Certification Committee Chairperson, keep a copy for the building file, and give you a copy.*

Received by Chairperson: \_\_\_\_\_  
Signature Date