

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:

6 Credit Hours 9 C.E.U.s 90 Contact Hours or any combination of these

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