

Summary Report of Professional Activities Renewal of Teacher, Special Services, Principal, Administrator, Director of Special Education & Adult Basic Education Authorization				
This form is required for individuals renewing a Pro	fessional License in one of the aforeme	entioned areas or for the Adult Ba	sic Education Auth	orization.
Applicant's Name		Social Security Number		
Provide information that is no older than 5 year	ars for all professional renewal act	ivities including the:		
Professional Activity Associated To Standard		Performance Based Standards? <u>Cl</u>	ick here	
1 Knowledge of Literacy   2 Knowledge of Mathematics	<b>3</b> Knowledge of Standards and Assessme	ent   4 Knowledge of Content   5 Kno	owledge of Classroon	ı &
Instructional Management   6 Knowledge of Individualiz	ation of Instruction   1 Knowledge of Tech	nology   <b>8</b> Democracy, Educational 6	Tovernance & Careers	in Teaching
Activity Category Enter one from t	the above selection and one from the	selection below into the correspo	nding fields here.	
IN-SERVICE - District/BOCES, non-public school     College/University Credit   Coll				
Title of Activity	Activity Provider/Sponsor	Date(s)	Hours Contact Semester	/\
List the full name of the activity.	Enter the name of the sponsor of the activity. Use full names, and refrain from acronyms.	Enter the date or dates the activity was taken.	Enter either contact, semester hours or both	<b>♦</b>
				_
By signing below, I am attesting that this document addition to completing this form, I will also includ				
summarized on this report for a minimum of two	years in case of an audit by CDE. I understa	nd that any false information contain		
provide all backup documentation will be grounds for licensure denial, suspension, revocation  Applicant's Signature		Adobe e-signatures accepted. Click here for help with Adobe e-signatures. If you are		
		unable to sign with an Adobe signature containing your legal name, print and sign by hand. You will then need to scan and upload the completed form into your application.		
Important Instru	uctions on How to Use This form W	ith the Online Application		
You should be using the latest version of Adobe Read	er, for a free reader visit www.adobe.com.			
Mac users, it is especially important that your compure Reader. This form is NOT compatible with Apple's Pr	ter is using <u>Adobe Reader for Macs</u> <b>and</b> that <b>eview software.</b> For a free Adobe Reader fo	your settings are configured to open or Mac, visit www.adobe.com.	PDF documents with A	Adobe
If you need additional space, complete additional form	ms. Click here if you need to begin an addition	onal form.		
After you have completed this form you must save it that have saved your completed form. If you do close you "summary renewal form" (your name summary renewal form")	r browser without saving, all information w	vill be lost. When saving, choose a file	name containing you	r name and
After you have saved this completed form to a file location on your computer, you can close your browser and return to the online application. From the application click Browse/Choose File (on some browsers) on the upload box and locate the file you just saved to your computer. After you have located the file, click UPLOAD. If the upload was successful, you will see the name of the file you chose just above the upload box. If you do not see the file or you see the text "No document(s) uploaded for this question", your upload failed.				