**MACS RELICENSURE COMMITTEE**

**RELICENSURE SUBMISSION COVER SHEET**

**RELICENSURE CANDIDATE CONTACT INFORMATION:**

School Name:

Name: Home Address: Home C/S/Z: Home Phone: Work Phone:

Cell Phone:

Grade/Subject: License Area(s):

File Folder # : Exp. Date:

Email:

 **RELICENSURE SUBMISSION CHECKLIST:**

☐ **THIS IS A PARTIAL SUBMISSION FOR A LICENSE DUE IN A FUTURE YEAR.**

☐ **THIS IS MY FINAL SUBMISSION FOR RELICENSURE ON MY CURRENT LICENSE.**

☐ *I HAVE SUBMITTED HOURS TOWARDS THIS RENEWAL IN A PREVIOUS YEAR.*

**Directions: Verify that you have included the following items by checking each bow below.**

***\*Note:*** *File components should be organized in the order outlined in this checklist. Clock hour documentation should be organized according to the order in which it is recorded on the Master Record Form, from activities with the most clock hours to activities with the fewest clock hours.*

☐Relicensure Submission Cover Sheet with completed checklist

☐Copy of current license

☐License history

☐Documentation of hours approved by outside Committee (if needed)

☐Master Record Form (include appropriate version as defined below)

Individuals with one (1) licensure area – Single License Master Record Form *(portrait page orientation)*

Individuals with more than one licensure area / endorsement / specialty area – Multiple Licenses Master

Record Form *(landscape page orientation)*

☐Clock Hour Activity Explanation Sheet *(only for activities requiring further explanation)*

☐Certificate or other accepted documentation for each clock hour activity

***I verify that I have reviewed the above listed materials for accuracy and completeness. I understand that MACS encourages applicants to have materials reviewed by the school relicensure representative as well (see below).***

**Signature:**

**FOR SCHOOL RELICENSURE REPRESENTATIVE:**

***\*Note:*** *MACS highly recommends that the School Relicensure Representative signs this form to verify that all necessary documents are included and completed correctly.*

I certify that I have reviewed this submission and that all necessary documents are included, completed correctly, and organized in the appropriate order:

Print Name:

Signature:

Minnesota Association of Charter Schools

ATTN: Relicensure Committee

161 St. Anthony Ave., Suite 1000, Saint Paul, MN 55103

Ph: 651-789-3090 Fx: 651-789-3093 http://www.mncharterschools.org

Rev. 7-2019