# Massachusetts Department of

Elementary and Secondary Education

75 Pleasant Street, Malden, Massachusetts 02148-4906 Telephone: (781) 338-3000

 TTY: N.E.T. Relay 1-800-439-2370

**Verification of Professional Development Plan *(Please complete all areas of this form)***

**FORM A**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last Name First Name MI

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address City/Town State Zip Code Telephone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License Number or MEPID (Massachusetts Education Personnel ID) or Social Security Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School District (at the time of renewal) School

All educators must complete professional development activities and obtain Professional Development Points (PDPs) no more than 5 years from the date of application.

**Academic Professional License Renewal Requirements-Professional Development Points (PDPs)**

**Primary Area:** A minimum of 150 PDPs, of which a minimum of 90 points must be in content; 30 may be in content and/or pedagogy. The remaining 30 points from the 150 may be in general educational elective(s).

**Each Additional Area:** (Field or Grade Level) A minimum of 30 PDPs must be in content. To renew an Additional Area that is in an invalid status requires 150 PDPs.

**For more information, please see the Recertification Guidelines for Massachusetts Educators at** [**www.doe.mass.edu/recert**](http://www.doe.mass.edu/recert). Please indicate the license(s) you have renewed within the last 5 years.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary License Field Date of Renewal

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional License(s) Date of Renewal

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor’s Approval and Final Endorsement**

All Academic Educators with Professional licenses are required to prepare an Individual Professional Development Plan (IPDP) for each five-year renewal cycle whether employed in/outside of a Massachusetts public school district, retired, etc. The Plan should be linked with the school, district and state goals for improving teaching and learning. A Supervisor’s Approval and Final Endorsement of an IPDP for educators employed in a Massachusetts public school is required.

**Plan Approval**

* The educator must receive initial plan approval within three months after the Professional level license issued or renewed or within three months of beginning employment.
* The educator must obtain final approval and endorsement of the plan prior to submitting the application for renewal to the Department.

**Please answer the following:**

1. Were you employed in the role of your Professional level license(s) in a Massachusetts public school at the time of renewal? If you have selected no, you are not required to complete the remainder of this form, however, you must submit the form with your audit packet. If you have selected yes, please proceed to question 2.

Yes\_\_\_\_ No\_\_\_\_

1. If you were employed in a Massachusetts public school district at the time of renewal, did your supervisor review and approve your Individual Professional Development Plan (IPDP) in accordance with the Guidelines for Reviewing, Approving and Endorsing Individual PD Plans?

For more information, please visit <http://www.doe.mass.edu/pd/01guideline/>.

Yes\_\_\_\_ No\_\_\_

**NOTE: You do not need to obtain the signature requested below if you are enclosing a document previously obtained from your supervisor, which confirms the Final Endorsement.**

**\_\_\_\_\_** Please check here if you are submitting a different version of the supervisor endorsement.

Final Endorsement

The signature below indicates the supervisor has received my record of Professional Development activities and the reported activities are consistent with the approved Professional Development Plan.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name (Print) Title Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

If applicable, please explain (on separate sheet) why you did not obtain Final Endorsement of your plan from your supervisor.