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SECTION I: PARTICIPANT INFORMATION

Last Name _____ First Name _____ Middle Initial _____
 Folio ID _____ Maiden or Former Name _____ Birth Date _____
 Home Address _____ State _____ Zip Code _____

SECTION II: INSTRUCTOR OR APPROVED PROVIDER INFORMATION

Title of Activity Google Infused School - Summer 2015 Beginning Date of Activity 6/1/2015
 Name of Instructor Jeff Crews Ending Date of Activity 8/6/2015
 Approved Provider Name Beyond The Chalk Provider's Phone (406)360-6340
 Location (City, State) Missoula, MT Renewal Units Earned 45

SECTION III: AFFIDAVIT -- SIGNED BY THE PARTICIPANT

I, (signature) _____, swear/affirm that I have earned _____ renewal units for attendance at this activity. I am not applying for college or university credit for this program.

I further certify (or declare) under penalty of perjury under the laws of the State of Montana that the foregoing is true and correct. The intentional misrepresentation of a material fact on this form subjects the holder to revocation of his/her educator license pursuant to 20-4-110, Montana Code Annotated.

**THIS FORM IS TO BE HELD BY THE LICENSE HOLDER FOR USE TO RENEW OR REINSTATE A MONTANA EDUCATOR LICENSE.
 NO OTHER ENTITY IS REQUIRED TO MAINTAIN YOUR RENEWAL UNIT RECORDS.**

SECTION IV: APPROVED PROVIDER VERIFICATION

When signed by the approved provider or designee, this form serves as a transcript documenting valid renewal units as required for renewal of educator licenses.

Provider Signature  Date 08/06/2015

INSTRUCTIONS AND INFORMATION FOR COMPLETING A RENEWAL UNIT CERTIFICATE

FOR THE APPROVED PROVIDER:

1. Complete your portion of the renewal unit certificate **(Section II)**

In-Service Title
Name of Instructor
First Day of In-Service (Date)
Business Phone

2. Have participants complete their portion of the certificate **(Section I)** and *return to you:*

Legal Name (Including Maiden or Former)
Date of Birth **or** Folio Number
Address and Telephone Number

At completion of the event:

3. Fill in the appropriate number of renewal units earned for each participant, in the box title "Renewal Units Earned".
4. Sign **(Section IV)** In-Service Approved Provider Verification.
(may be signed and photocopied by Provider or Designee before completion of training)
5. Give the Certificate to the Educator.
6. Report the completion of the event to OPI:

<u>Annual Providers</u>	Report the information on your annual report
<u>Single Event Providers</u>	Fill out a completion report and return to OPI
7. Maintain records of events and participants for one year following the date of completion of the annual reporting requirement.

FOR THE PARTICIPANT:

1. Inspect the certificate for accuracy and completeness. (Incomplete forms are not acceptable for license renewal)
2. Sign the certificate and indicate the number of renewal units earned **(Section III)** Unsigned forms *will not* be accepted.
3. Maintain the original copy of this certificate. The original is required to be included with your application for educator licensure renewal or reinstatement.

DO NOT SUBMIT THIS FORM TO OPI PRIOR TO SUBMITTING A LICENSE APPLICATION

4. It is recommended that you keep a copy of all application materials submitted for license renewal/reinstatement. It is particularly important that you keep a copy of each Renewal Unit Certificate in case of an audit of renewal applications or provider records is initiated.
5. Providers are only required to maintain records for one year following the annual reporting period, and are not required to issue duplicate certificates. It is your obligation to keep the original certificate.