SUMMARY OF PROFESIONAL ACTIVITIES
FOR RENEWAL CREDIT

To be completed by the applicant.

Legal name Last First Middle	Maiden/Former Name
Mailing address	Date of Birth (month/day/year)
City State Zip	Iowa License File Number
Telephone Work (_____) _____ - _____ Home (_____) _____ _____	Email address

Supervision of Student Teacher or Early Field Experience Student

I, _____, am providing evidence of attendance as a cooperating teacher for a student teacher or early field experience for license renewal credit – as related to my assignment.

- I teach _____
  Grade level(s) and Endorsement areas)

at _____School in the _____District.

- My student teacher/field experience student's name was:

_____

- He/she attended **Cornell College**
- Dates served as a cooperating teacher ____/____/_____ to ____/____/_____ for _____ total hours.

Verification of attendance and serving as a cooperating teacher as evidenced by:

_____ _____

Representative of Teacher Education Program **Date**

SUMMARY OF PROFESIONAL ACTIVITIES
FOR RENEWAL CREDIT

To be completed by the applicant.

Legal name Last First Middle	Maiden/Former Name
Mailing address	Date of Birth (month/day/year)
City State Zip	Iowa License File Number
Telephone Work (_____) _____ - _____ Home (_____) _____ _____	Email address

Attendance at Cooperating Teachers Workshop and Serving as a Cooperating Teacher

I, _____, am providing evidence of attendance at a Cooperating Teacher's Workshop in conjunction with my role as a cooperating teacher for a student teacher or early field experience.

- I teach _____
  Grade level(s) and Endorsement areas)

at _____School in the _____District.

- My student teacher/field experience student's name was:

_____

- He/she attended Cornell College
- Dates served as a cooperating teacher ___/___/_____ to ___/___/_____ for _____ total hours.

Verification of attendance and serving as a cooperating teacher as evidenced by:

_____ _____

Representative of Teacher Education Program **Date**

SUMMARY OF PROFESIONAL ACTIVITIES
FOR RENEWAL CREDIT

To be completed by the applicant.

Legal name Last First Middle	Maiden/Former Name
Mailing address	Date of Birth (month/day/year)
City State Zip	Iowa License File Number
Telephone Work (_____) _____ - _____ Home (_____) _____ _____	Email address

Member of Teacher Education Program External Advisory Committee

- I teach _____
  Grade level(s) and Endorsement areas)

at _____School in the _____District.

- I am an Advisory Committee Member for **Cornell College**.
- Dates of participation: _____/_____/_____ to _____/_____/_____

Verification Advisory Committee membership as evidenced by:

_____ _____

Representative of Teacher Education Program **Date**