



REQUEST FOR CHANGE/ACTION

Scan (certificate@greenville.k12.sc.us) fax (355-9784) or courier to: GCSD Certification Office, HR

(Not intended for substitutes, other non-contract employees, or retirees)

All lines must be completed:

Name:

School:

@greenville.k12.sc.us
School Email Address:

Employee Number:

Certificate Number (not
Educator ID, see page 10):

Telephone Number:

☐ **Renew my Professional Certificate. All required documentation has been submitted.**

(Check all that apply)

- ☐ Points (all educators must include PD print-out)
- ☐ Graduate Credit (*official* transcript required)
- ☐ SDE Credit (Intel and ALIVE are examples of SDE courses)

☐ **Update the GCSD system. Certificate reflecting the change is attached.**

(Check all that apply)

- ☐ Class (degree level) change (revised certificate required)
- ☐ Years of experience change (revised certificate required)
- ☐ Circle change: Area(s), Endorsement(s), NBC, Extension, Advanced to Professional (revised certificate required)

By signing I attest that all training submitted for my certificate renewal is new and not repeated learning. All activities directly relate to my PAS Goal(s), my area of certification, the goals of GCS, and promote student achievement.

Signature: _____ **Date:** _____
(Signed, or digitally signed, and dated by requesting GCSD employee)

Please do not write below this line – For Central Office Use Only

Renewal Staff Signature: _____

Date: _____