



For Office Use Only

__LEPT - Yr 1 Yr 2 Yr 3
 __SPII

Entered into HRMS:
 Initial _____ Date _____

**Early Educator Support, Licensure and Professional Development Office
 Early Education Unit, Education and Quality Section**

ANNUAL PROFESSIONAL DEVELOPMENT LOG

School Year: From July 1, 20____ - June 30, 20____

Instructions

- A. **Lateral Entry (LE) licensure** – *Minimum Requirement – 6 credit hours annually.* Teachers will.
1. **Submit** unofficial transcript **ATTACHED TO** this form **on or before January 7 and May 28** to EESLPD Office.
 2. **Mail by Certified Mail to the** Early Educator Support, Licensure and Professional Development Office, Early Education Unit, Education & Quality Section/DCDEE, 2201 Mail Service Center, Raleigh, NC 27699.
- B. **SPII Licensure Renewal** – *Requirement – Total of 8.0 CEUs or 80 contact hours within a 5-year renewal cycle (minimum of 3 CEUs – teacher’s academic subject – Pre-K).* Teachers will...
1. **Complete** professional development that is **informed by** their NC Professional Teaching Standards and/or Individual, Modified or Directed Professional Development Plan.
 2. **List** all professional development (training sessions, semester courses), CEUs, semester or contact hours completed each year of 5-year cycle.
 3. **Attach** copies of all training certificates, unofficial transcripts or other documentation, signed and dated by the trainer or presenter
 3. **Submit by January 7 and May 28** to EESLPD Office.
 4. **Mail by Certified Mail:** Early Educator Support, Licensure and Professional Development Office, Early Education Unit, Education & Quality Section/DCDEE, 2201 Mail Service Center, Raleigh, NC 27699

Note: Please make additional copies of this page as needed. Attach copies of certificates and/or unofficial transcripts to verify completion of training, workshops and/or courses.

Teacher’s Name: _____ Last 4 digits Social Security # _____ County: _____
 (Name as it appears on your NC Educator’s License)

Professional Educator’s License Renewal Cycle (right side of licensure doc): Date effective _____ Date Expires _____

License Type (check category):

- Initial Lateral Entry Provisional B-K
- B-K SP II
- Preschool Add-On (to another NC Teacher’s License)
- SPII - Other licensure areas _____

