GaPSC Professional Learning Verification Form

Educator: Upload via MyPSC **Previous Employer:** Return to educator or submit via ExpressLane

This form is to be used to verify progress/completion of professional learning completed after the 2017-2018 school year for a prior employee.

Applicant Information: **Please use dark ink.**

Title ☐ Mr. ☐ Ms. ☐ Dr.

Last Name

First Name

Middle Name

Social Security Number or GaPSC Certification ID

Date of Birth (MM/DD/YY) / /

All sections below must be completed by the previous employer.

The above named Georgia educator was employed by _____
(Local Unit of Administration Name)

from _____ to _____. By signing this form, I confirm that during the educator's
(Employment Start Date) **(Employment End Date)**

employment with the LUA I represent, he/she had an established Professional Learning Plan (PLP) or Professional Learning

Goals (PLGs) and made adequate progress toward meeting the PLP or PLGs for certificate renewal purposes.

If the educator did not meet professional learning requirements for renewal, please indicate the reason(s) below.

_____

_____

_____.

Previous Employer Information:

Name of Superintendent or authorized Central Office Designee (print/type)

Signature (eSignature not accepted)

Position

Date

Phone Number

Email Address

Name of Local Unit of Administration (School System/Agency/Private Institution)