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.

	Discourse deal int	
Applicant Information:	Please use dark ink.	
Title Last Name Mr. Ms. Dr. First Name Social Security Number or GaPSC Cer	tification ID	Middle Name Date of Birth (MM/DD/YY)
All sections below must be complete	ed by the previous employ	er
•		
The above named Georgia educator	or was employed by	
		(Local Unit of Administration Name)
from to	By (Employment End Date)	signing this form, I confirm that during the educator's
employment with the LUA I represe	ent, he/she had an establishe	d 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 profess	sional learning requirements	for renewal, please indicate the reason(s) below.
Previous Employer Information:		
Name of Superintendent or authorized Cen	tral Office Designee (print/type)	Signature (eSignature not accepted)
Position		Date
Phone Number	Email A	ddress
Name of Local Unit of Administration (Scho		tion)