## **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 Last Name	
First Name	
Social Security Number or GaPSC Cert	ification ID Date of Birth (MM/DD/YY)
All sections below must be complete	d by the previous employer.
The above named Georgia educato	r 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 LLIA I represe	nt, he/she had an established Professional Learning Plan (PLP) or Professional Learning
Goals (PI Gs) and made adequate i	progress toward meeting the PLP or PLGs for certificate renewal purposes.
	stogress toward meeting the r Er of r Eos for certificate renewar purposes.
If the educator did not meet profess	ional learning requirements for renewal, please indicate the reason(s) below.
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Previous Employer Information:	
Name of Superintendent or authorized Cent	ral Office Designee (print/type) Signature (eSignature not accepted)
Position	Date
	Dale
Phone Number	Email Address
Name of Local Unit of Administration (Scho	ol System/Agency/Private Institution)