

Out - of - District Credit Application Checklist

- 1: First, **determine** if the Out-of-District class or workshop attended qualifies for Licensed Semester Contact credit by meeting the following criteria:
 - 1a: The class or workshop took place **AFTER** you started your employment with Aurora Public Schools.
 - 1b: The class or workshop **IS NOT** recorded officially on a University or College Transcript.*
 - 1c: The class or workshop **DID NOT** take place during your Duty Day or Contract Hours.**

- 2: Next, compile all of the following documentation to submit with your Out-of-District Credit Application:
 - 2a: Signed Out-of-District Credit Application Checklist
 - 2b: Out-of-District Credit Application; one for each, separate class or workshop.
 - 2c: **ORIGINAL Certificate or Letter** listing the name of the class or workshop with total of contact hours earned.***
 - 2d: Copy of the Agenda WITH dates and times for the class or workshop attended.
 - 2e: Copy of your Duty Day Schedule proving the class or workshop is outside your Duty Day if you are requesting Licensed Semester Contact for a day shown as a District Duty Day.****

**YOUR APPLICATION WILL NOT BE APPROVED
WITHOUT THE DOCUMENTATION REQUESTED ABOVE**

- 3: Finally, please send all **QUALIFYING** requests via Inter - School mail to:
Justin Peterson
PLCC

Standard processing time if 7 - 10 business days and you will receive notification via e-mail when your application had been approved and added to your Record of Professional Learning with Aurora Public Schools.

Applicant Signature

Applicant Badge #

Date

All required documentation is required to be in compliance with the guidelines as administered by the Colorado Department of Education. Both CDE and APS Compensation reserve the right to accept or reject any professional learning attended if the CDE or Compensation determines a class or training is not applicable to your specific license, endorsement area(s), or salary advancement.

** = Coursework found on a university or college transcript can be submitted directly to APS Compensation or CDE.*

*** = All contact hours found to occur during your Duty Day via the District Calendar will be awarded "re-licensure contact only."*

**** = You must surrender your Original Certificate to have your coursework listed on your Record of Professional Learning with Aurora Public Schools per the guidelines stipulated by the Director of Professional Learning. E-mailed certificates and/or copies will be accepted under no circumstances.*

***** = For classes or workshops starting on a Thursday or Friday and then continuing into the weekend during the school year, all hours competed during your duty day will be awarded as re-licensure contact only. The agenda for the class or workshop must show the hours OUTSIDE your duty day to have the hours awarded as Licensed Semester Contact.*

For Information about CDE Requirements for Licensure and Re-Licensure, please go to:

http://www.cde.state.co.us/cdeprof/Licensure_renewal_info.asp

Request #: _____

Aurora Public Schools – Office of Professional Learning

Out-Of-District Credit Application

Badge Number	NAME: First, Middle, Last	
Worksite	Teaching Assignment/Position	APS Employment Start Date
Work Extension	License or Certification	

Name of Class or Workshop Attended with Year

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Professional Standards Addressed (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> QS I: Content and Pedagogy | <input type="checkbox"/> QS IV: Reflect on Practice |
| <input type="checkbox"/> QS II: Learning Environment | <input type="checkbox"/> QS V: Professional Leadership |
| <input type="checkbox"/> QS III: Effective Instruction | |

Date (mm/dd/yy):	Day of the Week	Number of Contact Hours

To Be Filled Out By Professional Learning Only

- Application Approved for _____ Hour/Hours of Licensed Semester Contact Hours
- Application Approved for _____ Hour/Hours of Re – Licensure Only Contact Hours
- Missing Required Documentation; Notification sent on ___ / ___ / ___
- Not Approved. Documentation and Notification sent on ___ / ___ / ___