



Teacher Standards and Practices Commission

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Advanced Professional Development Program/Advanced Teaching Experience Professional Teaching License COMPLETION REPORT FORM

When this form is submitted, school districts are NOT required to also submit the PEER form.

This form is to be filled out by school district personnel to verify an educator's ADVANCED PROFESSIONAL DEVELOPMENT PROGRAM and ADVANCED TEACHING EXPERIENCE for the Professional Teaching License.

TSPC Account Number: _____

Date of Birth (M/D/Y): _____

Name:

First: _____ Middle: _____ Last: _____

Former (if applicable): _____

Teaching Experience: The teacher must obtain four full years of teaching experience to qualify for the Professional Teaching License.

Grade Level	Dates Position Held:		No. of Periods or % of FTE	List Subject or NCES Codes
	From:	To:		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Advanced Professional Development Program:

The district must verify that the Advanced Professional Development Program met all the requirements below by checking each of the boxes.

The Advanced Professional Development Program was:

- Developed jointly with the applicant and employing school district or public school;
- Based on the employing school district evaluations of the applicant;
- Aligned with annual performance goals of the applicant;
- Specifically tailored to advance the applicant from novice to professional skill level; and
- Composed of at least 150 PDUs that meet the INTASC standards. (The units may be earned at multiple districts. Each district may only verify its units.)

I hereby certify that the applicant completed _____ advanced PDUs that:

- Aligned with the applicant's performance goals; and
- Provided the applicant with the appropriate skills to advance to the professional teacher status.

Note: *The district may be required to provide evidence of the Advanced Professional Development Program to verify qualifications.*

Signature of Superintendent or authorized designee:

For electronic submissions, please type the name of the authorized representative of the school district on the signature line.

Signature

Date

School

School District

HR personnel completing the form: _____ Contact phone number: _____

To submit:

Electronically = contact.tspc@oregon.gov | by mail: 250 Division St. NE ♦ Salem, OR 97301