APPLICATION FOR

APPLICATION FOR	Last Name First MI	
CERTIFICATE RENEWAL MUST BE FILED IN PRASS OFFICE 24 MONTHS PRIOR TO EXPIRATION OF CERTIFICATE OF FOCUS	Date of Certificate Expiration Certificate (current position)	
Full Name	Position and Title	
Name of School/SAU	Home Address	
Office Address	City	Zip
City Zip	Home Telephone Zip	
Work Telephone	Last 4 of digits of Social Security Number	
Certificates Held	Email Address	
Certificate of Focus (under which you currently work)	Date of Expiration	
Other (Certificates)	Date of Expiration	
Other (Certificates)	Date of Expiration	
Application for Renewal		
I hereby apply for renewal for my certificate as		
(fill in all that apply). I will submit an Administrator Action Plan t	o the PRASS Review Committee on	
Dated Signature		
To: Review Committee and PRASS		
I would like (check all that apply):		
☐ information on the renewal process assistance in developing my self-assessment and portfolio assistance in developing my action plan	to work with a support team other	

Email form to: PRASS Office: lmitchell@bangorschools.net