

PRASS

(Penquis Regional Administrator Support System)

APPLICATION FOR CERTIFICATE RENEWAL

MUST BE FILED IN PRASS OFFICE 24
MONTHS PRIOR TO EXPIRATION OF
CERTIFICATE OF FOCUS

Last Name First MI

Date of Certificate Expiration

Certificate (current position)

Full Name

Position and Title

Office Address

Home Address

Town Zip

Town Zip

Telephone

Home Telephone

Name of School Administrative Unit

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 to 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 _____