



State of Rhode Island and Providence Plantations  
**DEPARTMENT OF EDUCATION**  
Shepard Building  
255 Westminster Street  
Providence, Rhode Island 02903-3400

### **Certification Renewal Audit System**

Certification regulations effective January 2012 establish a requirement that educators who receive ratings of Developing or Ineffective must participate in professional development for the renewal of their certificates. The Certification Renewal Audit System is the system that RIDE uses to monitor the completion of required professional development hours based on educator evaluation ratings for certification renewal. An educator who is selected for a Certification Renewal Audit is required to submit evidence of professional development.

An overview of the Certification Renewal Audit System is described below

- Educators are notified via eCert that they have been selected for a Certification Renewal Audit in October prior to the expiration year (i.e. educators receive notification in October 2014 for August 2015 renewals)
- 25% of educators who have received a Developing or Ineffective will be audited
- Educators submit verified completion of a Performance Improvement Plan for each rating of Ineffective and /or Developing during his/her renewal cycle. It must be verified and signed by the Superintendent of his/her designee as part of their Certification Renewal Application\*
- RIDE will review the documentation submitted to ensure requirements have been met
- RIDE will either renew the certificate or issue a notice that renewal requirements have not been met and the certificate is ineligible for renewal

### **Improvement Plans**

Improvement Plans are embedded in state-approved local evaluation systems. As part of the development of these plans, educators, in consultation with their evaluator, identify the most appropriate forms and amounts of professional development based on individual needs and local contexts. As part of the RIDE certification renewal requirements, all educators must be prepared to provide evidence if they are selected for an audit.

### **Tracking Professional Development**

Educators are responsible for tracking their own professional development

\*In rare instances, an educator may not have implemented an approved improvement plan. In these situations, professional development hours may be submitted instead of a completed, verified improvement plan. 45 hours are required for each rating of Ineffective and 20 hours are required for each rating of Developing. Acceptable professional development includes coursework, conferences/seminars, or job-embedded learning. These hours must be approved by the Superintendent or his/her designee. 1 college credit is equal to 15 hours. Professional development hours reflect actual hours spent on the activity.

**NOTE:** Educators who have received a Developing or Ineffective rating during the 2012-13 school year will have their Professional Development requirement waived to allow for the first year of implementation of the Audit System. Therefore, educators who have been selected for the 2015 Certification Renewal Audit System would be responsible to show evidence of Professional Development hours for a rating of Developing or Ineffective for the 2013-2014 school year only.



Deborah A. Gist  
Commissioner

State of Rhode Island and Providence Plantations  
**DEPARTMENT OF EDUCATION**  
Shepard Building  
255 Westminister Street  
Providence, Rhode Island 02903-3400

**Verification of Performance Improvement Plan:**

This document should be completed and submitted by the educator as part of his/her Certification Renewal Application. A separate form must be completed for each rating of Ineffective and /or Developing that the educator received during his/her renewal cycle.

|                |          |
|----------------|----------|
| Educator Name  |          |
| Title/position |          |
| School Name    | District |
| School Year    | Rating   |

To be verified and signed by the Superintendent or designee

|  |  |
|--|--|
| I certify by my signature that:  |  |
| <input type="checkbox"/> A Performance Improvement Plan was developed and satisfactorily completed by this educator during the school year _____ |  |
| _____<br>Signature of Superintendent or Designee   | _____<br>Date                            |
| _____<br>School District   | _____<br>Name Superintendent or Designee |

**This document may be photocopied as needed**



State of Rhode Island and Providence Plantations  
**DEPARTMENT OF EDUCATION**  
 Shepard Building  
 255 Westminister Street  
 Providence, Rhode Island 02903-3400

**Verification of Professional Development Hours:**

In rare instances, an educator may not have implemented an approved improvement plan. In these situations, professional development hours may be submitted instead of a completed, verified improvement plan. 45 hours are required for each rating of Ineffective and 20 hours are required for each rating of Developing. Acceptable professional development includes coursework, conferences/seminars, or job-embedded learning. These hours must be approved by the Superintendent or his/her designee. 1 college credit is equal to 15 hours. Professional development hours reflect actual hours spent on the activity. This document should be completed and submitted by the educator as part of his/her Certification Renewal Application. A separate form must be completed for each rating of Ineffective and /or Developing that the educator received during his/her renewal cycle.

|                |          |
|----------------|----------|
| Educator Name  |          |
| Title/position |          |
| School Name    | District |
| School Year    | Rating   |

|  |
|--|
|  |
|--|

To be verified and signed by the Superintendent or designee

|   |                                 |
|---|---------------------------------|
| I certify by my signature that:   |                                 |
| <input type="checkbox"/> I have reviewed the evidence of professional development completed during the school year _____. |                                 |
| _____   | _____                           |
| Signature of Superintendent or Designee   | Date                            |
| _____   | _____                           |
| School District   | Name Superintendent or Designee |

**This document may be photocopied as needed**