

**CERTIFICATION RENEWAL FORM FOR  
PARAEDUCATORS I AND II**

**NH DOE Educator # or SS#** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI** \_\_\_\_\_

*Please fill in the area below, listing the activities completed to meet the requirement of completing 50 continuing education units of professional development activities. If you need more space, attach extra paper.*

<i>Date(s)</i>	<i>Hours(s)</i>	<i>Activity Title</i>	<i>Name of Organization</i>

**Administrator Approval:** \_\_\_\_\_

**Date** \_\_\_\_\_