

For office use only:  
 \_\_\_\_\_ Date renewal received  
 \_\_\_\_\_ Date renewal reviewed  
 \_\_\_\_\_ Approved \_\_\_ Not approved  
 \_\_\_\_\_ Date renewal notification  
 mailed to educator



**NC Parenting Education Network  
 Parenting Education Credential Renewal**

Please remit with renewal payment (\$20) with a check completed to NCPEN. Mail completed continuing education documentation form and copies of supporting documents to: NCPEN Credentialing Committee Chair, Stephanie Jones, 110 SW 21<sup>st</sup> St., Oak Island, NC 28465.

Name \_\_\_\_\_ Current Credential Level (I, II, III, or IV) \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Continuing Education Activity Dates (mm/dd/yyyy)	Continuing Education Activity Title and Sponsor for training (Do not use acronyms)	Contact Hours Earned	T = teaching course A= Attending Course
<b>Total in 3<sup>rd</sup> column</b> (or attach another sheet)			

Applications deadlines are November 15, March 15 and June 15. Applications are reviewed in December, April and July.

I confirm this information is true.

\_\_\_\_\_ Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date

**Please retain a copy of this form for your records.**