



Warning: Any alteration to this certificate by the person issuing the certificate or by the applicant for renewal could result in the denial of the licensure application. Further disciplinary action could be taken against the person responsible for the alteration of this certificate. Disciplinary action could include revocation or suspension of existing licenses.

CERTIFICATE OF APPROVED PROGRAM COMPLETION

This is to certify that _____ completed an approved administrative continuing education program entitled:

Co-Teaching Core Competencies

Two copies of this certificate are to be issued to each person upon completion of the program. At the time a person is filing for renewal, they should retain one copy of each certificate of completion and forward the second copy to the MDE, Educator Licensing. Completion Certificates are **NOT** to be forwarded to the MDE, Educator Licensing and Teacher Quality Section **until** the applicant is renewing a license.

When applying for re-licensure, a renewal application should be forwarded together with certificates of approved program completion which total the required number of clock hours and any other needed materials.

1. Individual, agency or institution who/which initiated or conducted the program:

METRO EDUCATIONAL COOPERATIVE SERVICE UNIT (METRO ECSU)

2. Location of the Program: Metro ECSU, Arden Hills, MN

3. Dates of Initial Program: **August 10, 2018 through August 10, 2018**

4. Total number of clock hours of approved continuing education earned **3(Three)**

5. _____

Signature of Program Initiator

I attest the information on this certificate is true

A handwritten signature in blue ink that reads "Anthony G. Kindel". The signature is written in a cursive style with a horizontal line underneath.

6. _____

Date Issued

7. _____

Signature of Minnesota Board of School Administrators

8. _____

Signature of Participant

I attest the information on this certificate is true and correct to the best of my knowledge.