

# AACS Continuing Education Accreditation Team Member Voucher

**Directions:**

- Print legibly.
- This form is required to verify participation as a member of an AACS (or AACS-affiliate) school accreditation team.
- Team chair's signature is required.
- Retain this form. When you submit certification renewal application, include this form with your other renewal paperwork.
- For certificate renewal, no more than 30 contact hours may be for serving on school accreditation teams.
- Service on a team is valued at 10 contact hours.

**Team Member Information**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ E-Mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Certification Area:**

- |                                       |   |  |
|---------------------------------------|---|--|
| <input type="checkbox"/> Preschool    | <input type="checkbox"/> Secondary                  | <input type="checkbox"/> Specialist (Bible, Computer/Info. Technology, Counseling) |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> All-Level (Music, Art, PE) | <input type="checkbox"/> Administrator   |
| <input type="checkbox"/> Elementary   | <input type="checkbox"/> Special Education          |  |

Current Certificate Endorsement (Elem. Ed, Music, Bible, Math, Science, English, etc.) \_\_\_\_\_

**Information for School Visited by Accreditation Team**

Name of School Visited by the Accreditation Team \_\_\_\_\_

City and State of School \_\_\_\_\_

Dates of Accreditation Visit \_\_\_\_\_

Accrediting Agency (AACS or State Affiliate) \_\_\_\_\_

**Team Chair Information**

Name of Accreditation Team Chair (print) \_\_\_\_\_

Accreditation Team Chair's Signature\* \_\_\_\_\_ Date \_\_\_\_\_

\*Team Chair's Signature verifies the accreditation team member's participation.

**For Office Use Only**

- |  |                        |
|--|------------------------|
| <input type="checkbox"/> Continuing education credit granted | Explanation of denial: |
| <input type="checkbox"/> Continuing education credit denied  |                        |

Number of contact hours allowed for activity: \_\_\_\_\_

Signature of Education Office official \_\_\_\_\_ Date of Reply \_\_\_\_\_