Joe Lombardo

*Governor*



**Department of**

**Health and Human Services**

 Director’s Office

 *Helping people. It’s who we are and what we do.*

**

Richard Whitley, MS

*Director*

**Renewal for IDEA Part C Alternative Certification**

**Date:**

**To:** IDEA Part C Licensure Team

**Through Program Manager/Supervisor-**

Supervisor First and Last Name:

Supervisor Email:

Supervisor Title and Program Name:

**From Applicant-**

Applicant First and Last Name:

Applicant Email:

Applicant Title:

**Re: Alternative Certification Path to Endorsement for Developmental Specialist Renewal**

I understand that the Alternative Certification Renewal I am requesting is an exception made by the Nevada IDEA Part C Office, as allowed in Federal Statute (Part C Sec. 303.119). The Alternative Certification Renewal is specific only to the endorsement for Early Childhood Developmentally Delayed, so that I may pursue/continue my work with children with disabilities (aged birth to 3) in the state of Nevada who are enrolled with Early Intervention Services. Additionally, I understand all other requirements remain the same and in accordance to the licensure requirements and continuing education hours for renewal, as set forth by the Nevada Department of Education.

*Pursuant to NAC 391.065 educator license renewal now requires 15 hours each calendar year of professional development or the equivalent of in-service training. For more information, see the Nevada Department of Education Educator Brochure with Licensure Renewal Updates at:*

<https://webapp-strapi-paas-prod-nde-001.azurewebsites.net/uploads/Educator_Brochure_Viewable_6e6c3b2aee.pdf>

**Requirements:** Ongoing professional development of at least 15 hours per year, for a total of 45 hours per 3 years (or equivalent in-service or semester course), is required for renewal of the IDEA Part C Alternative Certification. As a part of my renewal, I have completed the following continuous education/professional development hours (please complete fields provided below or provide a letter of information signed by your supervisor regarding the name of the professional development/course, date and hours completed per training):

1. **Name of course/training:**

**Instructor/Organization providing course/training:**

**Date of course/training:**

**Hours Completed:**

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**Date of course/training:**

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**Instructor/Organization providing course/training:**

**Date of course/training:**

**Hours Completed:**

**Determination:**

Upon receipt of all required documentation at the Nevada IDEA Part C Office my renewal will be reviewed within 90 days, and I will receive a letter of determination following that date. As part of my renewal, I will provide the IDEA Part C Licensure Team this signed renewal form, and certificates/links or a letter signed by my supervisor relative to continuous education hours courses/trainings completed.

Thank you for your consideration and continued support,

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Signature Date

**Please send completed renewal form and coarse/training certificates or links to:**

Lori Ann Malina-Lovell, Part C Coordinator: lamalinalovell@dhhs.nv.gov

Iandia Morgan, DS IV: imorgan@dhhs.nv.gov

Mary Garrison, AAIV: mgarrison@dhhs.nv.gov

Jalin T. McSwyne, AAIII: jtmcswyne@dhhs.nv.gov

**Renewal Timeframes:**

|  |  |  |
| --- | --- | --- |
| **Quarter** | **Time Frame/Due** | **Renewal Received By** |
| First Quarter | July 1-September 30 | October 15 |
| Second Quarter | October 1-December 31 | January 15 |
| Third Quarter | January 1-March 31 | April 15 |
| Fourth Quarter | April 1-June 30 | July 15 |