



**GOVERNMENT OF THE US VIRGIN ISLANDS
CAREER AND TECHNICAL EDUCATION
CERTIFICATION REVIEW REQUEST FORM**

Date: _____ District: _____

Name: _____ School Affiliation: _____

Email: _____ Phone/Cell (Optional): _____

Degree(s): _____ Date(s) Acquired: _____

Professional Certifications and Dates Acquired:

_____	_____
_____	_____
_____	_____
_____	_____

Current Position: _____ Years in Position: _____

Teaching Discipline(s): _____

Expiration Date of Teaching Certificate: _____

If you have a minimum of a master's degree, do you want to be considered for 'Administrator Certification'? Yes _____ No _____

Have you had professional development since your last review? Yes _____ No _____

If yes, please submit a copy of the certificate(s) or other documents of completion to the office of Human Resources, VI Department of Education and the VI Board of Career and Technical Education in your district in addition to listing them below:

1. _____ Date: _____

2 _____ Date: _____

3. _____ Date: _____