



MISIC Licensure Renewal Program

PO Box 368
715 Main Street
Jewell, Iowa 50130
(515) 460-0362

Course Registration

Name _____
(First) (Middle) (Last)

Address _____
(Number and Street)

(City) (State) (Zip)

Telephone: (Preferred) _____ - _____ (Secondary) _____ - _____

E-mail Address: (Preferred) _____

(Secondary) _____

Folder Number: _____ Fee (\$80/credit): _____ (Fee is payable to MISIC at registration.)

COURSE NAME	INSTRUCTOR	LR CREDIT(S)	FINAL COMPLETION DATE
Professional Learning by Design 2019-2020 Focus on SEL and ISASP	Beers & Hacker-Kliver	1	May 22, 2020

(Participant's Signature)

(Date)

At the conclusion of this course, the form below will be completed.

As Instructor for this course, I certify successful completion of all requirements for this individual:

Instructor's Printed Name/Title: _____ Signature: _____

Transcript will be issued upon successful completion of all course requirements.

Questions can be addressed to Jamie Morgan jamie@misiciowa.org
or Ann Bartelt annbartelt0204@gmail.com