

# LICENSE

ISSUED TO: JODI LYNN DYVIG



## RECORD OF ISSUANCE MINNESOTA LICENSE

DATE OF ISSUANCE: 01/18/18

TO: JODI LYNN DYVIG

FILE FOLDER NUMBER: 506105

Inquiries should include the Name, License Type and File Folder Number of the licensee as listed on this license, and should be directed to the Educator Licensing Section, 1500 Highway 36 W. Roseville, MN 55113-4266, or call (651) 539-4200.

FILE FOLDER NUMBER: 506105

Function Number	STUDENT LEVEL	SCOPE	FUNCTION CODE	FUNCTION DESCRIPTION	EXPIRATION DATE (MM/YY)
01	B-12	FULL TIME	190202	AUTISM SPECTRUM DISORDERS	2023



SERIAL NUMBER:

FUNCTION NUMBER	Renewal Conditions / Limitations / Comments
01	<p>An application to renew a license may be submitted after January 1 in the year of expiration. You are responsible for the following renewal conditions even if you do not teach in this licensure period. Licensing information is available at <a href="http://mn.gov/pelsb">http://mn.gov/pelsb</a></p> <p>If you have been or are currently employed by a Minnesota school district, renewal of this license will require completion of 125 clock hours verified by the district's local continuing education committee.</p> <p>If you do not live in Minnesota and have never been employed in Minnesota, you may renew your license by submitting an official transcript verifying 12 quarter or 8 semester credits in the licensure area(s) or in general education courses. These credits must have been earned within the five year period immediately preceding the renewal.</p> <p>Both of the renewal options indicated above must include the specific professional development requirements in rules that are in effect at the time of renewal.</p> <p>This license may be revoked based on the results of the background check.</p>
	<p>NOTE: IT IS THE LICENSEE'S RESPONSIBILITY TO EXAMINE THE LICENSE FOR ACCURACY. PLEASE CONTACT EDUCATOR LICENSING WITHIN 30 DAYS OF THE ISSUE DATE IF YOU BELIEVE THIS LICENSE CONTAINS ANY ERRORS OR OMISSIONS.</p>