

CLOCK HOUR APPROVAL APPLICATION FORM

STANDARD AND VOCATIONAL LICENSES

This form is to be submitted to the local continuing education committee according to rules established by the local committee.

A separate form must be filled out for each experience.

NAME	DATE:	SCHOOL DISTRICT 777	FILE FOLDER NUMBER:
Applicant's Signature:	TIER LEVEL (check your license level)	<input type="checkbox"/> TIER 3 (75 hours required in 3 years)	<input type="checkbox"/> TIER 4 (125 hours required in 5 years)
LICENSURE AREAS FOR THIS REQUEST (30 hours in each area of licensure is suggested)			

☐ Preapproval for clock hour subject to actual participation (only travel experiences need preapproval) travel

☐ Final approval of clock hours for the experience participated in as described below

REQUEST FOR:

☐ This experience has received preapproval (see preapproval below). Both must be filled out before final approval will be given

_____ TOTAL NUMBER OF CLOCK HOURS REQUESTED (1 qtr. credit=16 clock hours; 1 sem. credit=24 clock hours)

_____ ACTIVITY CATEGORY (A, B, C, D, E, F, G, H, I) - See guidelines for appropriate category. At least two categories must be used in the 3 or 5-year period to complete your clock hours (Tier 3 licenses need 75 hours in a 3-year period; Tier 4 licenses need 125 hours in a 5-year period)

_____ 1) Positive behavioral intervention strategies

_____ 2) Accommodation/Modification of curriculum

_____ 3) Reading Preparation (exempt: school counselors, psychologists, nurses, social workers, audiovisual, and recreation personnel)

_____ 4) Suicide Prevention

_____ 5) Key Warning Signs of early-onset mental illness in children and adolescents

_____ 6) English Language Learner Instruction with reflection below

_____ 7) Cultural Competency Training with reflection attached

Description of the Experience (Include objective and evaluation of the experience. Transcript, certificate of completion, or some other document of proof must be attached.

If this is your Cultural Competency requirement, please attach the reflections you completed during the class.

*** If this is your ELL requirement, please include your reflective statement of professional growth and best practices here, OR attach another sheet.***

FOR USE BY LOCAL COMMITTEE

<p><u>Preapproval</u></p> <p><input type="checkbox"/> The above experience is preapproved for _____ clock hours</p> <p><input type="checkbox"/> The above experience is not approved for the following reason(s):</p> <p>Date: _____</p> <p>Signed: _____ (Committee Member)</p>	<p><u>Final Approval</u></p> <p><input type="checkbox"/> The above experience is approved for _____ clock hours</p> <p><input type="checkbox"/> The above experience is not approved for the following reason(s):</p> <p>Date: _____</p> <p>Signed: _____ (Committee Member)</p>
---	---

Revised 10/29/21