

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 <i>(check your license level)</i> | <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 <i>(30 hours in each area of licensure is suggested)</i> | | | |

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

REQUEST FOR:

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

_____ 7) Cultural Competency Training

_____ Native Americans

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> <ul style="list-style-type: none"> • The above experience is preapproved for _____ clock hours • The above experience is not approved for the following reason(s): <p>Date: _____</p> <p>Signed: _____ (Committee Member)</p> | <p><u>Final Approval</u></p> <ul style="list-style-type: none"> • The above experience is approved for _____ clock hours • The above experience is not approved for the following reason(s): <p>Date: _____</p> <p>Signed: _____ (Committee Member)</p> |
|---|---|