

CLOCK HOUR APPROVAL APPLICATION FORM

This form is to be submitted with each request for clock hours to the local continuing education committee according to rules established by the local committee. Duplicate this form as needed.

Name: _____

Address: _____

Licenses held: _____

License expiration date: _____

Applicant signature: _____ Date: _____

Session _____

File Folder Number: _____ Date: _____

Request for:

- Pre-approval of Clock Hours subject to actual completion
 Final approval of Clock Hours for professional activity completed

Activity Category: _____ Clock Hours Requested: _____

This activity addressed:

- Category H - Further reading preparation** as defined in MN Statute 122A.06 Subd. 4. This requirement applies to all full professional licenses issued by the Board of Teaching, except school counselors, school psychologists, school nurses, school social workers, audiovisual directors and coordinators, and recreation personnel.
- Category I - Key warning signs of early-onset mental illness** in children and adolescents
- Category J - Positive behavior intervention strategies**
- Category K - Accommodation, modification, adaptation** of curriculum, materials, etc. for Standards
- Category L - Technology integration** for student achievement
- Category M - Best Teaching practices and professional growth** reflective statement

Description of Experience: (Include objective, amount of time engaged, and evaluation of the experience. Attach additional pages for documentation, explanation, and detail as appropriate.)

Local Committee Action	
_____ Pre-approval for _____	Clock Hours
_____ Approved for _____	Clock Hours
_____ Not approved because _____	
Date: _____	Committee Signature: _____

