

Continuing Education Clock Hours

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.

Name:	File Folder Number:
Address:	
Licenses Held:	
License Expiration Date:	
Applicant Signature	Date:

Activity Category: _____ **Clock Hours Requested** _____

This Activity Addressed:

	Positive Behavior Intervention
	Accommodation, Modification, and Adaptation of Curriculum, Materials & Instruction
	Mental Illness
	Suicide Prevention
	Reading Preparation
	English Language Learner
	Cultural Competency (3 CEUs required)

Description of Experience: (Only necessary if no transcript or certificate accompanies this form.)
 Include objective, amount of time engaged, and evaluation of the experience. Attach additional pages for documentation, explanation, and detail as appropriate.

Local Committee Action:

_____ Approved For _____ Clock Hours

Not Approved Because:

Date: _____ Committee Member Signature _____