**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 |
|  | American Indian History and Culture |
|  | 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_