CLOCK HOUR APPROVAL APPLICATION FORM

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

EDUCATOR NAME: _____

ACTIVITY DATE: _____

REQUEST FOR:

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

CLOCK HOURS REQUESTED _____

ACTIVITY CATEGORY: Must Choose One. (See Back for detailed information)

☐ A. Coursework
☐ B. Educational Workshops
☐ C. Staff Development
☐ D. Curriculum Development
☐ E. Peer Coaching/Mentorship
☐ F. Professional Services
☐ G. Leadership Experiences
☐ H. Diverse Educational Opportunities
☐ I. Travel (preapproval needed)

MEETS REQUIREMENT FOR: (Check any that apply)

☐ Behavior
☐ Reading
☐ Curriculum
☐ Mental Health
☐ Suicide
☐ ELL
☐ Cultural Competency
☐ None of the above (CEU hours only)

BRIEF DESCRIPTION OF THE EXPERIENCE: (Staple documentation)

EDUCATOR SIGNATURE: _____ DATE: _____

LOCAL COMMITTEE ACTION: _____ Approved for _____ Clock Hours

_____ Not approved because:

DATE: _____ COMMITTEE MEMBER INITIALS: _____