**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.***

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| **NAME** | | **DATE:** | **SCHOOL DISTRICT 777** | | **FILE FOLDER NUMBER:** | |
| **Applicant**’**s Signature:** | | **TIER LEVEL**  ***(check your license level)*** | | **TIER 3 (75 hours required in 3 years)** | | **TIER 4 (125 hours required in 5 years)** |
| **LICENSURE AREAS FOR THIS REQUEST *(30 hours in each area of licensure is suggested)*** | | | | | | |
| **REQUEST FOR:** | **Preapproval for clock hour subject to actual participation (only travel experiences need preapproval) travel** | | | | | |
| **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 with reflection below**

**\_\_\_\_\_\_ 7) Cultural Competency Training with reflection attached**

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| **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**

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| **Preapproval**  **The above experience is preapproved for \_\_\_\_\_ clock hours**  **The above experience is not approved for the following reason(s):**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Committee Member)** | **Final Approval**  **The above experience is approved for \_\_\_\_\_ clock hours**  **The above experience is not approved for the following reason(s):**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Committee Member)** |

***Revised 10/29/21***