**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.***

| **NAME**  | **DATE:** | **SCHOOL DISTRICT 777** | **FILE FOLDER NUMBER:**  |
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|  **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**

**\_\_\_\_\_\_ 7) Cultural Competency Training**

\_\_\_\_\_\_ **8) American Indian History & Culture Training**

| **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.\*\*\*** |
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**FOR USE BY LOCAL COMMITTEE**

| **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)** |
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***Revised 5/1/24***