

Clock Hour Approval Application Form

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. View the Minnesota Administrative Rules 8710.7200 Clock Hours; Requirements for Renewal of Professional Licenses (<u>https://www.revisor.mn.gov/rules/?id=8710.7200</u>). Duplicate this form as needed.

		Duplicate this	ionn as needed.			
Name:				File Folder Number:		
Mailing Address:	Street		City	State	Zip Code:	
Licenses Held:				Expiration Date:		
Applicant Signature:				Date:		
Request for: Preapproval of clock hours subject to actual completion				n		
	Final approval of clock hours for professional activity complete					
Activity Category:			Number of Clock Hours Requested:			
This activity addresses:						
Fride (fride fride	 Positive behavior intervention strategies Further reading preparation as defined in Minnesota Statute 122A.06, Subd. 4 (https://www.revisor.mn.gov/statutes/?id=122A.06#stat.122A.06.2). This requirement applies to all professional licenses issued by the Minnesota Professional Educator Licensing and Standards Board, except school counselors, school psychologists, school nurses, school social workers, audiovisual directors and coordinators, and recreation personnel. Key warning signs of early-onset mental illness in children and adolescents, including a minimum of one hour of suicide prevention Reflective statement of professional accomplishment and assessment of professional growth. Description of this experience: (Include objective, amount of time engaged and an evaluation of the experience. Attach additional pages for documentation, explanation and detail as appropriate.) Evidence of instructor growth in English Language Learner Instruction as evident in the reflective statement or district approved training that aligns with Interstate Teacher Assessment and Support Consortium (InTASC) standards for English learners. 					
	Cultural Competency Training evidenced for renewals beginning in 2020 and thereafter.					
Local Committee Action						
	roved: Numl k Hours:	ber of 🛛 🔲 Not Approved Rea	ason:			
Committee Signature:					Date:	