



Macomb Center for State Board Continuing Education Units

SB-CEU PARTICIPANT VERIFICATION FORM FOR MENTOR TEACHER / SUPERVISOR TEACHER

This form must be completed for eligible participants to receive State Board - Continuing Education Units (SB-CEUs) for participation in one of the following activities: *(please check one)*

- Serving as mentor teacher (Mentoring must occur for a FULL semester).
- Serving as a supervising teacher to a student teacher (Supervising must be for a placement period of no less than 12 weeks).

**IMPORTANT –READ CAREFULLY:** Please review thoroughly. Outdated or incorrect paperwork will be returned to participants, resulting in delays or forfeiture of SB-CEUs for this activity. Participants can earn three SB-CEUs as a Mentor Teacher OR Supervising Teacher to a Student Teacher. Only one mentor teacher/supervising teacher for participant is allowed for each semester. Participants cannot earn more than nine SB-CEUs in a five year period for either activity. Supervising teacher must supervise intern/student teacher not less than 12 weeks, while supervising a new teacher mentor for a full semester. Must submit this verification form, \$10 processing fee (payable to MISD) and a letter from the principal (on school letterhead) stating the name of the teacher, the time frame and your performance. Spring semester paperwork must be returned after June 30 but before July 31 of current year. Fall semester paperwork must be returned after December 31 but before January 31 of current year. Complete instructions can be found at [www.misd.net](http://www.misd.net). **A completed copy of this form serves as confirmation of participant. No documentation will be mailed to the participant.**

Name		PIC (Personal Identification Code – contact your Human Resources Department)
Email address (PLEASE write clearly and use only ONE EMAIL ADDRESS)		
Applicants street address	City	ZIP
Name of school district / building where employed		
Name of new/student teacher	<input type="checkbox"/> New teacher <input type="checkbox"/> Student teacher	
MUST COMPLETE SEPARATE FORM for SPRING SEMESTER (January to June) OR FALL SEMESTER (September to December)		
Check one:		
<input type="checkbox"/> Spring Semester (January to June) <input type="checkbox"/> Fall Semester (September to December)		
Beginning date of professional activity	Completion date of professional activity	

**Advisory:** It is a criminal offense to use or attempt to use a State Board of Education Continuing Education Unit (SB-CEU) transcript or certificate of completion that is fraudulently obtained, altered, or forged to obtain and/or maintain school administrator, teacher and/or school psychologist certificate or their State Board approval.

\_\_\_\_\_  
Mentor/supervising teacher's signature date

I certify the criteria to receive SB-CEUs for the above activity have been met. Building principal's signature  <input type="checkbox"/> Teacher provided with completed copy	date
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TO BE COMPLETED BY MISD SB-CEU COORDINATOR

Deborah Forton, SB-CEU Coordinator  
 Macomb Intermediate School District \_\_\_\_\_  
 SB-CEU sponsor

\_\_\_\_\_  
 SB-CEU Coordinator's signature

\_\_\_\_\_  
 Program approval number

\_\_\_\_\_  
 date