



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 – PLEASE READ CAREFULLY:** This form must be filled out completely or SB-CEU credit will not be granted and your application will be returned, resulting in delays. If not returned within 30 days after training is complete, SB-CEUs will be denied. Participants can earn three SB-CEUs as a Mentor Teacher OR Supervising Teacher to a Student Teacher. Participants cannot earn more than nine SB-CEUs in a five year period for this activity. Participants MUST complete a separate form for SPRING SEMESTER (January to June) OR FALL SEMESTER (September to December). Include \$10 processing fee (payable to MISD), along a copy of the evaluation of the performance activity between the participant and the building principal. Complete instructions can be found at [www.misd.net/Comm/SB\\_CEUinfo.html](http://www.misd.net/Comm/SB_CEUinfo.html). **A completed copy of this form serves as confirmation of participant. No documentation will be mailed to the participant.**

Name	PIC (Personal Identifier Code)	Email Address
Applicants street address	City	ZIP
Name of school district where employed		
Name of school where assigned		
Name of new/student teacher	<input type="checkbox"/> New teacher <input type="checkbox"/> Student teacher	
<b>MUST COMPLETE SEPARATE FORM for SPRING SEMESTER (January to June) OR FALL SEMESTER (September to December)</b>		
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	date
<input type="checkbox"/> Teacher provided with completed copy	

TO BE COMPLETED BY MISD SB-CEU COORDINATOR

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

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

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

\_\_\_\_\_  
date