



Macomb Center for State Board Continuing Education Units

SB-CEU PARTICIPANT VERIFICATION FORM FOR PARTICIPATION ON AN APPROVED SCHOOL IMPROVEMENT TEAM

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)

- Member of school's approved Public Act 25 school improvement team
- Member of school district's approved Public Act 25 school improvement team

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 Outdated or incorrect paperwork will be returned to participants, resulting in delays or forfeiture of SB-CEUs for this activity. Candidate must be an active member and participate in ¾ of all meetings, but no less than six meetings in a school year. Staff meetings are not eligible. Complete this form and Include \$10 processing fee (payable to MISD), along with the attendance record and agenda OR the minutes which show attendance. Email documentation is not allowed. Paperwork must be submitted after June 30 but before July 31 of the current year. Participants can earn three SB-CEUs with a maximum of nine SB-CEUs within a five year period. Only one activity per participant is allowed. Complete instructions can be found at www.misd.net/Comm/SB_CEUinfo.htm. 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			
Number of meetings scheduled	Number of meetings attended		
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.

Participants signature	date
I certify the criteria to receive SB-CEUs for the above activity have been met. Chairperson's signature	date
Superintendent's or building principal's signature	date
<input type="checkbox"/> Participant 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