



Macomb Center for State Continuing Education Clock Hours

State Continuing Education Clock Hours (SCECHs)
 PARTICIPANT VERIFICATION FORM FOR
 PARTICIPATION FOR COMMITTEE MEETING

This form must be completed for eligible participants to receive State Continuing Education Clock Hours (SCECHs) for participation in the following activity: *(please name committee)*

IMPORTANT –READ CAREFULLY: Please review thoroughly. Outdated or incorrect paperwork will be returned to participants, resulting in delays or forfeiture of SCECHs for this activity.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 can be submitted in June, but will not be uploaded until after June 30 but before July 31 of the current year. Participants can earn twenty five SCECHs with a maximum of seventy five SCECHs within a five year period. Only one activity per participant is allowed. SCECHs for this activity are only available to Macomb County Educators. Complete instructions can be found at <http://www.misd.net/scech/index.html>. **A completed copy of this form serves as confirmation of participant. No documentation will be mailed to the participant.** SCECHs will be uploaded to the Secure Central Registry (SCR) at www.michigan.gov/moecs.

Name		PIC (Personal Identification Code)	
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 Continuing Education Clock Hours (SCECHs) 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.

Participant signature _____

date _____

I certify the criteria to receive SCECHs for the above activity have been met.	
Chairpersons signature	date
<input type="checkbox"/> Participant provided with completed copy	

More information on Non-Traditional Activities can be found at <http://www.misd.net/scech/index.html>