



Macomb Center for State Continuing Education Clock Hours

**State Continuing Education Clock Hours (SCECHs)
PARTICIPANT VERIFICATION FORM FOR
MENTORING SCHOOL COUNSELOR or SCHOOL PSYCHOLOGIST**

This form must be completed for eligible participants to receive State Continuing Education Clock Hours (SCECHs) for participation in one of the following activities: *(please check one)*

- Serving as a School Counselor Mentor** (no less than 8 weeks)
- Serving as a School Psychologist Mentor** (no less than 8 weeks)

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 Outdated or incorrect paperwork will be returned to participants, resulting in delays or forfeiture of SCECHs for this activity. Participants can earn twenty five SCECHs as a School Counselor or School Psychologist. Only one mentor counselor or one mentor psychologist is allowed for each semester. Participants cannot earn more than seventy five SCECHs in a five year period for either activity. Supervising must be no less than 8 weeks for School Counselor or School Psychologist. 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 counselor or psychologist, 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. SCECHs for this activity are only available to Macomb County educators. Complete instructions can be found at <http://www.misd.net/SCECHs.htm>. **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 Michigan Online Educator Certification System (MOECS) 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			
Name of School Counselor or School Psychologist		<input type="checkbox"/> School Counselor <input type="checkbox"/> School Psychologist	
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 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, school counselor and/or school psychologist certificate or their State Board approval.

Counselor or Psychologist signature _____
date

I certify the criteria to receive SCECHs for the above activity has been met.	date
Building principal's signature	date
<input type="checkbox"/> Counselor/Psychologist provided with completed copy	

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