



Macomb Center for State Continuing Education Clock Hours

State Continuing Education Clock Hours (SCECHs)
 PARTICIPANT VERIFICATION FORM FOR
 PARTICIPATION ON AN APPROVED SCHOOL IMPROVEMENT TEAM

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)

- 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 Outdated or incorrect paperwork will be returned to participants, resulting in delays or forfeiture of SCECHs for this activity.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 Michigan Online Educator Certification System (MOECS) at www.michigan.gov/moecs.

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|---|--|------------------------------------|--|
| 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's signature _____

date _____

| | |
|--|------|
| I certify the criteria to receive SCECHs 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 | |

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