

**STATE CONTINUING EDUCATION CLOCK HOURS (SCECHs)**

**PARTICIPANT VERIFICATION FORM**

**Participation on an Approved School Improvement Team**

This form should be completed for eligible participants to receive State Continuing Education Clock Hours (SCECHs) for participation on 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.

Registrants must participate in 75% of the total number of meetings held. No less than six (6) meetings must be held and attended, before June 14, in order to qualify for SCECHs. Each school-based non-traditional activity may only be used a maximum of three (3) times toward certificate renewal within an educator's certificate renewal period. SCECHs are issued for participation in one school improvement team per school year, regardless the number of school improvement teams on which a participant serves.

**Required documentation** – submitted as a packet in the following order:

- Cover Sheet** clearly identifying: district/building, title of the committee, and a list of all meeting dates held
- Participant Verification Form(s)** completed, signed, and organized alphabetically, by last name
- Meeting Agenda** for each scheduled meeting
- Attendance Verification** which may include: sign-in sheets from each meeting containing original signatures of all participants, an attendance master (signed by the committee chairperson), or meeting minutes from each meeting indicating participant attendance

**The committee chairperson is responsible for filing complete, original forms with the GISD after the last scheduled meeting, no later than June 14 to:** Melissa Fleury, Education and Learning, GISD, 2413 West Maple Avenue, Flint, MI 48507-3493. Your SCECHs will be uploaded to the Michigan Online Educator Certification System (MOECS) and awarded after completion of a common evaluation. If you do not receive email notification within 15 days of submission, check with your SCECH Sponsor or the MOECS Help Desk.

**PLEASE TYPE OR PRINT**

Illegible or incomplete forms will not be processed.

**NAME** (First and Last) \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**PIC# (MANDATORY)** \_\_\_\_\_

**NAME OF SCHOOL DISTRICT WHERE EMPLOYED** \_\_\_\_\_

**NAME OF SCHOOL COMMITTEE** \_\_\_\_\_

**NUMBER OF MEETINGS SCHEDULED** \_\_\_\_\_

**NUMBER OF MEETINGS ATTENDED** \_\_\_\_\_

**DATE OF FIRST MEETING** \_\_\_\_\_

**DATE OF LAST MEETING** \_\_\_\_\_

**PARTICIPANT SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

I certify the criteria to receive SCECHs for serving on a School Improvement Team has been met.

\_\_\_\_\_  
**COMMITTEE CHAIRPERSON SIGNATURE**

\_\_\_\_\_  
**DATE**

**RETAIN A COPY OF THIS FORM FOR YOUR RECORDS**

It is a criminal offense to use or attempt to use a SCECH transcript or Certificate of Completion that is fraudulently obtained, altered, or forged to obtain and/or maintain school administrator, teacher and/or school psychologist certification or other State Board of Education approval.

**GISD OFFICE USE ONLY**

**SCECH SPONSOR:** Genesee Intermediate School District

**NUMBER OF SCECHS AWARDED:** 25

**SCECH COORDINATOR SIGNATURE** \_\_\_\_\_

**DATE RECEIVED / DATE UPLOADED** \_\_\_\_\_

