

**STATE CONTINUING EDUCATION CLOCK HOURS (SCECHs)
PARTICIPANT VERIFICATION FORM
Supervising-Cooperating Teacher/Counselor/Psychologist**

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Serving as a supervising/cooperating teacher | <input type="checkbox"/> First Semester | <input type="checkbox"/> Second Semester |
| <input type="checkbox"/> Serving as a supervising school counselor | <input type="checkbox"/> First Semester | <input type="checkbox"/> Second Semester |
| <input type="checkbox"/> Serving as a supervising school psychologist | <input type="checkbox"/> First Semester | <input type="checkbox"/> Second Semester |

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. Only 25 SCECHs may be earned per semester/year for administrators.

This original, completed form must be filed with the SCECH Sponsor **no more than 30 calendar days after the end of the semester or school year (if a school year activity)**. Your SCECHs will be uploaded to the Michigan Online Educator Certification System (MOECS) and awarded after completion of a common evaluation and payment of fees, if applicable. 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 WHERE ASSIGNED _____

NAME OF ASSIGNEE _____

BEGINNING DATE OF PROFESSIONAL ACTIVITY _____

COMPLETION DATE OF PROFESSIONAL ACTIVITY _____

SUPERVISING TEACHER/COUNSELOR/SCHOOL PSYCHOLOGIST SIGNATURE _____

DATE _____

- I certify the criteria to receive SCECHs for the above activity has been met and the required evaluation/documentation pertaining to the activity has been reviewed. This documentation is (check one):
- On file for review
 - On file with the teacher preparation institution

BUILDING PRINCIPAL/DISTRICT SUPERINTENDENT 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 _____

