

CLOCK HOUR APPROVAL APPLICATION FORM

This form is to be submitted with each request for clock hours to the local continuing education committee according to rules established by the local committee. Duplicate this form as needed.

Name: _____

Address: _____

Licenses held: _____

License expiration date: _____

Applicant signature: _____ Date: _____

Request for:

- Pre-approval of Clock Hours subject to actual completion
- Final approval of Clock Hours for professional activity completed

Activity Category: _____ **Clock Hours Requested:** _____

This activity addressed:

- Positive behavior intervention strategies**
- Accommodation, modification, adaptation** of curriculum, materials, etc. for Standards
- Further reading preparation** as defined in MN Statute 122A.06 Subd. 4. This requirement applies to all full professional licenses issued by the Board of Teaching, except school counselors, school psychologists, school nurses, school social workers, audiovisual directors and coordinators, and recreation personnel.
- Key warning signs of **early-onset mental illness** in children and adolescents

Description of Experience: (Include objective, amount of time engaged, and evaluation of the experience. Attach additional pages for documentation, explanation, and detail as appropriate.)

Local Committee Action

_____ Approved for _____ Clock Hours

_____ Not approved because _____

Date: _____ Committee Signature: _____