

## 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:	
Building or Address:	
Licenses Held:	
Licensure Area(s) for this Request:	
License Expiration Date:	
Applicant Signature:	

Request for:

- Preapproval of clock hours subject to actual completion. (*Category I only.*)
- Final approval of clock hours for professional activity completed.

Activity Category: ( <i>Reference Clock Hour Guideline Sheet</i> ) <div style="display: flex; justify-content: space-around; text-align: center;"> <span><b>A</b></span> <span><b>B</b></span> <span><b>C</b></span> <span><b>D</b></span> <span><b>E</b></span> <span><b>F</b></span> <span><b>G</b></span> <span><b>H</b></span> <span><b>I</b></span> </div> <p style="text-align: center;"><i>(Circle Category)</i></p>	Number of Clock Hours Requested:
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**\*\* MUST COMPLETE FOR ALL CATEGORIES A-I, EXCEPT C \*\***

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

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If applicable, please check the appropriate box this activity addresses:

- Positive Behavior Intervention Strategies.**
- Accommodation, Modification, Adaptation of Curriculum, Materials, and Instruction.**
- Reading Preparation.** (5 clock hours)
- Key Warning Signs for Early-Onset Mental Illness in Children and Adolescents.**  
*\*Note Starting 8/1/2017: Must include one hour of suicide prevention.*
- Integration of **technology** with student learning to increase engagement and achievement.
- \*Reflective statement of professional accomplishment and assessment of professional growth.**
- \*Reflective statement of professional growth in meeting the varied needs of English Language Learners.**

*\*May submit two separate reflective statements or may combine in one reflective statement.*

<b>Local Committee Action</b>	
<input type="checkbox"/> Approved for _____ Clock Hours	
<input type="checkbox"/> Not approved.	
Reason: _____	
Committee Signature: _____	Date: _____