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.

View the Minnesota Administrative Rules 8710.7200 Clock Hours; Requirements for Renewal of Professional Licenses (https://www.revisor.mn.gov/rules/?id=8710.7200). Duplicate this form as needed.

Name:	File Folder Number:
Address (street, city, state, zip):	
Licenses Held:	Expiration Date:
Applicant Signature:	Date:

Request for:

- ☐ Preapproval of clock hours subject to actual completion
- ☐ Final approval of clock hours for professional activity completed

Activity Category:	Number of Clock Hours Requested:

This activity addresses:

- ☐ ***Positive behavior intervention strategies***
- ☐ ***Accommodation, modification, adaptation*** of curriculum, materials, etc. for Standards
- ☐ ***Further reading preparation*** as defined in Minnesota Statute 122A.06, Subd. 4 (https://www.revisor.mn.gov/statutes/?id=122A.06#stat.122A.06.2). This requirement applies to all professional licenses issued by the Minnesota 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***
- ☐ ***Integration of technology*** with student learning to increase engagement and achievement
- ☐ ***Reflective statement*** of professional accomplishment and assessment of professional growth
- ☐ Evidence of instructor growth in ***English Language Learner Instruction*** as evident in the reflective statement (beginning August 1, 2015)

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.)

Local Committee Action

- ☐ Approved: Number of Clock Hours =
- ☐ Not Approved: Reason =

Committee Signature:

Date: