

### CLOCK HOUR APPROVAL APPLICATION FORM

This form is to be submitted to the local continuing education committee according to rules established by the local committee.

EDUCATOR NAME: \_\_\_\_\_

ACTIVITY DATE: \_\_\_\_\_

REQUEST FOR:

\_\_\_\_\_ Pre-Approval of Clock Hours subject to actual completion

\_\_\_\_\_ Final Approval of Clock Hours for professional activity completed

CLOCK HOURS REQUESTED \_\_\_\_\_

ACTIVITY CATEGORY: Must Choose One. (See Back for detailed information)

\_\_\_\_\_ A. Coursework

\_\_\_\_\_ F. Professional Services

\_\_\_\_\_ B. Educational Workshops

\_\_\_\_\_ G. Leadership Experiences

\_\_\_\_\_ C. Staff Development

\_\_\_\_\_ H. Diverse Educational Opportunities

\_\_\_\_\_ D. Curriculum Development

\_\_\_\_\_ I. Travel (preapproval needed)

\_\_\_\_\_ E. Peer Coaching/Mentorship

MEETS REQUIREMENT FOR: (Check any that apply)

\_\_\_\_\_ Behavior

\_\_\_\_\_ Suicide

\_\_\_\_\_ Reading

\_\_\_\_\_ ELL

\_\_\_\_\_ Curriculum

\_\_\_\_\_ Cultural Competency

\_\_\_\_\_ Mental Health

\_\_\_\_\_ None of the above (CEU hours only)

BRIEF DESCRIPTION OF THE EXPERIENCE: (Staple documentation)

EDUCATOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

LOCAL COMMITTEE ACTION: \_\_\_\_\_ Approved for \_\_\_\_\_ Clock Hours

\_\_\_\_\_ Not approved because:

DATE: \_\_\_\_\_ COMMITTEE MEMBER INITIALS: \_\_\_\_\_