

## 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 clock hour requirements for the renewal of professional licenses. (<https://www.revisor.mn.gov/rules/?id=8710.7200>) Duplicate this form as needed.

Name:	
Address:	
Licenses Held:	
License 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:
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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. 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.**

**Required for licenses expiring on June 30, 2012 and any renewals processed after June 30, 2012 (including lapsed licenses with an earlier expiration date).**

- ☐ Integration of **technology** with student learning to increase engagement and achievement.

**Required for renewals submitted on or after July 1, 2012.**

- ☐ **Reflective statement of professional accomplishment and assessment of professional growth.**

**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.)**

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