

CLOCK HOUR APPROVAL APPLICATION FORM

Updated 2022-2023

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 including modifications, adapting curriculum to needs of individual students.
- ☐ Further reading preparation including dyslexia
- ☐ English Language Learners
- ☐ Mental Illness/Warning signs
- ☐ Suicide Prevention (1 hour)
- ☐ Cultural Competency (4 hours) deeper understanding of racial, socioeconomic groups, religion, systematic racism, gender identity, sexual orientation, language diversity, disabled with mental health concerns

Local Committee Action: _____ Approved for _____ Clock Hours

_____ Not Approved because: _____

Date: _____ Committee Signature: _____