

Diocese of Winona Catholic Schools 55 West Sanborn Street, PO Box 588 Winona MN 55987 Phone: 507-858-1269

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CONTINUING EDUCATION/RELICENSURE **Clock Hours Verification Form** 

## **CLOCK HOURS VERIFICATION FORM**

Educator's Name:	
This certifies that the above named individual toward Licensure Renewal for successful comp	
under Category:	netion of the following approved activity
WORKSHOP/SEMINAR TITLE:	
DATE(S) OF ATTENDANCE:	
Signature of Instructor or Activity Sponsor	Date
OTE: (To be checked by instructor only.)  Ing the description listing for the licensure requirements follow believe this CEU experience qualifies for one of the follow tinuing education committee will make the final determinat	ring mandatory State requirements. Your local
Positive Behavioral Intervention Strategies Accommodations, Modification and Adaptation of Cu	rriculum
Understanding The Key Warning Signs of Early-Onse Suicide Prevention	
Reading Preparation	
Technology	1.4
Reflective Statement of Professional Accomplishment English Language Learners	and Assessment