

CLOCK HOURS VERIFICATION FORM

Educator's Name:	
This certifies that the above named i	individual earned clock hours of credit
toward Licensure Renewal for succes under Category :	essful completion of the following approved activity
WORKSHOP/SEMINAR TITLE:	
DATE(S) OF ATTENDANCE:	
Signature of Instructor or Activity Sponsor	Date
E: (<i>To be checked by instructor only.</i>) g the description listing for the licensure require	rements following Minnesota Statute 122A, please indicate if yo ing mandatory State requirements. Your local continuing educa
ositive behavior intervention strategies further reading preparation as defined in Minne	agata Statuta 1224 06 Subd 4
	#stat.122A.06.2). This requirement applies to all
•	essional Educator Licensing and Standards Board,
•	nool nurses, school social workers, audiovisual directors
coordinators, and recreation personnel.	
	s in children and adolescents, including a minimum of
nour of suicide prevention	
	hage Learner Instruction as evident in the summative
or district approved training that aligns vortium (InTASC) standards for English learner	with Interstate Teacher Assessment and Support
or truin (in TASC) standards for English learner	18.

Cultural Competency Training evidenced for renewals beginning in 2020 and thereafter.