CLOCK HOURS VERIFICATION FORM

Educator’s Name:

This certifies that the above named individual earned [ ] clock hours of credit toward Licensure Renewal for successful completion of the following approved activity under Category:

WORKSHOP/SEMINAR TITLE:

DATE(S) OF ATTENDANCE:

_____________________________ ______________________________
Signature of Instructor or Activity Sponsor Date

NOTE: (To be checked by instructor only.)
Using the description listing for the licensure requirements following Minnesota Statute 122A, please indicate if you believe this CEU experience qualifies for one of the following mandatory State requirements. Your local continuing education committee will make the final determination.

___ Positive behavior intervention strategies
___ Further reading preparation as defined in Minnesota Statute 122A.06, Subd. 4 (https://www.revisor.mn.gov/statutes/?id=l22A.06#stat.122A.06.2). This requirement applies to all professional licenses issued by the Minnesota Professional Educator Licensing and Standards Board, 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, including a minimum of one hour of suicide prevention
___ Evidence of instructor growth in English Language Learner Instruction as evident in the summative evaluation or district approved training that aligns with Interstate Teacher Assessment and Support Consortium (InTASC) standards for English learners.
___ Cultural Competency Training evidenced for renewals beginning in 2020 and thereafter.