

STATE CONTINUING EDUCATION CLOCK HOURS (SCECHS) PARTICIPANT VERIFICATION FORM

Supervision of Student Teacher Intern – 1st Semester

This form must be completed in order for eligible participants to receive SCECHs for participation.

**Each school-based non-traditional activity may only be used a maximum of three (3) times toward certificate renewal within an educator's certificate renewal period. Only 25 SCECHs may be earned per semester.

A completed copy of this form must be filed with the SCECH Sponsor **no more than 30** calendar days after the end-date of the activity.

Your SCECHs will be uploaded to the Michigan Online Educator Certification System (MOCES) and awarded after completion of a common evaluation and payment of fees. **Submit completed SCECH form to SCECH@NorthwestEd.org.**

Name			
Email Address:	PIC	::	
Name of School District Where Employed			
Name of School Where Assigned			
Name of Assignee			
Beginning Date of Professional Activity	Completion Date of Pro	Completion Date of Professional Activity	
Supervising Teacher/Counselor/School Psychologist Signature		Date	
☐ I certify the criteria to receive SCI required evaluation/documentation documentation is ☐ on file for institution	on pertaining to the activity h		
Building Principal/District Superintendent Signature		 Date	
SCECH Coordinator Signature		 Date	
SCECH Program Approval Number		SCECHs Awarded	

Advisory:

It is a criminal offense to use or attempt to use a SCECH transcript or certificate of completion that is fraudulently obtained, altered, or forged to obtain and/or maintain school administrator, teacher and/or school psychologist certification or other State Board of Education approval.