

STATE CONTINUING EDUCATION CLOCK HOURS (SCECHs) PARTICIPANT VERIFICATION FORM

New Teacher Mentor – 2nd 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 Professional Activity | |

Supervising Teacher/Counselor/School Psychologist Signature Date

I certify the criteria to receive SCECHs for the above activity has been met and the required evaluation/documentation pertaining to the activity has been reviewed. This documentation is on file for review.

| Building Principal/District Superintendent Signature | Date |
|--|----------------|
| SCECH Coordinator Signature | Date |
| SCECH Program Approval Number | SCECHS Awarded |

SCECH Program Approval Number

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.