

STATE CONTINUING EDUCATION CLOCK HOURS (SCECHS) PARTICIPANT VERIFICATION FORM

New Principal/Administrator Mentor – Full Year

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 (Type or Print) to SCECH@NorthwestEd.org.

Name		
Email Address:	PIC	:
Name of School District Where Employed	I	
Name of School Where Assigned		
Name of Assignee		
Beginning Date of Professional Activity	Completion Date of Pro	fessional Activity
	L	
Supervising Teacher/Counselor/School Psychologist Signature		Date
☐ I certify the criteria to receive SCEC required evaluation/documentation documentation is ☐ on file for reinstitution	n pertaining to the activity h	
Building Principal/District Superintendent Sig	gnature	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.