Kent ISD
We Lead Learning

STATE CONTINUING EDUCATION CLOCK HOURS (SCECHs)
PARTICIPANT VERIFICATION FORM

School Counselor Mentor – 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. **Please mail your completed form and $5.00 to Kent ISD – Attn: Bri Conners, 2930 Knapp St. NE, Grand Rapids, MI 49525.**

(Type or Print)

Name	
Email Address:	PIC:
Name of School District Where Employed	
Name of School Where Assigned	
Name of Assignee	
Beginning Date of Professional Activity: 9/6/2016	Completion Date of Professional Activity: 1/16/2017

_____ _____
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 ☐ on file with the teacher preparation institution

_____ _____
Building Principal/District Superintendent Signature Date

_____ _____
SCECH Coordinator Signature Date

____20163110_____ _____25_____
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.**