STATE CONTINUING EDUCATION CLOCK HOURS (SCECHs)
PARTICIPANT VERIFICATION FORM

Kent ISD
We Lead Learning

Supervision of School Counselor Internship– 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. **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 1/2/2017	Completion Date of Professional Activity 6/9/2017

_____ _____
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

20163108 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.