

LCWM Clock Hour Approval Application Form

This form is to be submitted with each request for clock hours to the local continuing education committee

Duplicate this form as needed.

Name:	File Folder Number:
Licenses Held:	Expiration Date of License:
Applicant Signature:	Date of Experience:

Request for:

- ☐ Preapproval of clock hours subject to actual completion
- ☐ Final approval of clock hours for professional activity completed

Activity Category: (Letter only)	Number of Clock Hours Requested:
---	---

This activity addresses:

- ☐ *Positive behavior intervention strategies*
- ☐ *Further Reading Preparation as defined in Minnesota Statute 122A.06, Subd. 4*
- ☐ *Accommodation, modification and adaptation of curriculum, etc.*
- ☐ *Key warning signs of early-onset mental illness in children and adolescents*
- ☐ *Suicide prevention Training*
- ☐ *English Language Learner Instruction*
- ☐ *Cultural Competency Training*

Local Committee Action	
<input type="checkbox"/> Approved: Number of Clock Hours:	<input type="checkbox"/> Not Approved Reason:
Committee Signature:	Date:

Categories for clock hour allocation:

- A. relevant coursework completed at accredited colleges and universities
- B. educational workshops, conferences, institutes, seminars, or lectures
- C. staff development activities, inservice meetings and courses
- D. site, district, regional, state, national, or international curriculum development
- E. engagement in formal peer coaching or mentorship relationship with colleagues
- F. professional service (supervise clinical experience) (participate on national, state, or local committees involved with licensure, teacher education or professional standards)
- G. leadership experiences
- H. opportunities to enhance knowledge and understanding of diverse ed settings
- I. preapproved travel or work experience