CLOCK HOUR APPROVAL APPLICATION FORM

This form is to be submitted with each request for clock hours to the local continuing education committee according to rules established by the local committee.

View the Minnesota Administrative Rules 8710.7200 <u>Clock Hours; Requirements for Renewal of Professional Licenses</u> (https://www.revisor.mn.gov/rules/?id=8710.7200). Duplicate this form as needed.

Name:	File Folder Number:
Address (street, city, state, zip):	
	Expiration Date:
Applicant Signature:	Date:
Request for: Preapproval of clock hours subject to actual completion Final approval of clock hours for professional activity completed	
Activity Category:	Number of Clock Hours Requested:
This activity addresses: Positive behavior intervention strategies	
Local Committee Action	
Approved: Number of Clock Hours =	
Not Approved: Reason =	
Committee	Date: