Bemidji Committee on Continuing Education
FINAL APPROVAL AND DOCUMENTATION FORM

This form is to be used to request final approval of an experience for license renewal. Renewal clock hours may be granted only for experiences which are relevant to the field or function for which professional licensure is being requested.

Name _____ **ISD 31 School** _____

Today's Date _____**Current License Issuance Date** _____**File Folder #** _____
                                                                                                    (Month/Day/Year)

Mailing Address (For out of district teachers) _____

Description of experience and how it is relevant to your licensure area. (For pre-approval of travel attach itinerary: for program approval list specifics such as date, time, materials, instructors and indicate level of participation: chairperson, secretary, attendance only) **This section must be completed.**

_____

_____

_____

Date _____ **Total Hours Involved** _____ **Experience Category Letter** _____
                     (Month/Day/Year)
Documentation of the Experience (A or B Must be Completed)
      A. Attach transcript or other proof of experience.
      B. Secure a signature of committee chairperson, principal or supervisor to attest to the correctness of the above information.

            _____   _____
                      Signature   Position

Required Areas (one hour minimum required in each area): If this experience meets one of the following, check area and explain how:

_____

_____

_____ Positive Behavior Intervention Strategies
_____ Reading Preparation
MENTAL HEALTH: **A & B must be submitted at the same time.**
      _____ a. Understanding Key Warning Signs of Early-Onset of Mental Illness in Children and Adolescents
      _____ b. Suicide Prevention
_____ English Language Learner
_____ Cultural Competency