

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
- _____ Accommodations, modification and adaptation of curriculum, etc.
- _____ Key Warning Signs Mental Illness
- _____ Suicide Prevention Training
- _____ English Language Learner
- _____ Cultural Competency (must complete a minimum of 5 hours)

FOR USE BY LOCAL COMMITTEE ONLY

The above experience letter _____ Approved for _____ renewal clock hours
_____ Not Approved for the following reason: _____

The above experience also meets the criteria checked below:

- _____ Positive Behavior Intervention Strategies
- _____ Reading Preparation
- _____ Accommodations, modification and adaptation of curriculum, etc
- _____ Key Warning Signs of Mental Illness
- _____ Suicide Prevention
- _____ English Language Learner
- _____ Cultural Competency

Date Action Taken:

Committee Members Initials: