

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 _____ Today's Date _____

Tier # _____ File Folder # _____ Current License Issuance Date _____ Expiration Year _____
(Month/Day/Year)

ISD 31 School _____

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:

- | | |
|--|--|
| <input type="checkbox"/> Positive Behavior Intervention Strategies | <input type="checkbox"/> English Language Learner |
| <input type="checkbox"/> Reading Preparation | <input type="checkbox"/> Cultural Competency |
| <input type="checkbox"/> Accommodations, modification and adaptation of curriculum, etc. | <input type="checkbox"/> (a minimum of 5 hours must be submitted together) |
| <input type="checkbox"/> Key Warning Signs Mental Illness | <input type="checkbox"/> American Indian History & Culture |
| <input type="checkbox"/> Suicide Prevention Training | |

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
- American Indian History & Culture

Date Action Taken:

Committee Members Initials: