

**New Ulm Public Schools
Independent School District 88
Continuing Education Clock Hours Approval Form**

Name: _____

Date: _____

Renewal Date: _____

License #: _____

Clock Hour Categories: (Check category)

- ☐ Relevant Coursework completed at an accredited college (Semester - 24, Quarter - 16)
- ☐ Educational workshop, conference, institute, seminar or lecture in an area appropriate to licensure
- ☐ Staff development activity, in-service meeting, or in-service course
- ☐ Building, district, regional, state, national, or international curriculum development

Professional service in the following areas:

- ☐ Supervision of clinical experiences
- ☐ Membership on national, state or local committee involved with licensure, teacher education, or professional standards
- ☐ Participation in national, regional, or state accreditation

Leadership experience in the following areas:

- ☐ Development of new or broader skills and sensitivities to the school, community, or profession
- ☐ Publication of professional articles in a professional journal in an appropriate field
- ☐ Volunteer work in a professional organization related to the area of licensure

Opportunity to enhance knowledge and understanding of diverse educational setting:

- ☐ Experience with students of another age, ability culture, or socio-economic level.
- ☐ Systematic, purposeful observation during visits to schools and to related business and industry.
- ☐ Travel for purposes of improving instructional capabilities related to the field of licensure.
- ☐ Work experience in business or industry appropriate to the field of licensure.

Description: _____

Date(s) _____

Hours: _____

Meets requirement in the following area: (check category)

- | | | | |
|-------------------------------|--|---|---|
| ☐ PBIS | ☐ Reading | ☐ Mental Health | ☐ Suicide Prevention |
| ☐ ELL | ☐ Cultural Competency | ☐ Accommodations/Modifications | |

*******For use by the Relicensure Committee*******

This requested activity IS/ IS NOT approved for _____ clock hours to be applied toward licensure.

The requested activity is not approved for the following reason:

- ☐ The activity does not apply to the area of licensure.
- ☐ Proper verification needs to be supplied. (grades, certificates, etc.)
- ☐ Clarification regarding the activity is needed.

Date _____ **Relicensure Committee** _____