

# STILLWATER AREA SCHOOLS CLOCK HOUR PRE-APPROVAL APPLICATION FORM

*This form is to be submitted to the Relicensure Committee for prior approval of clock hours subject to actual completion of travel/work experience.*

NAME \_\_\_\_\_ BUILDING \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ ALTERNATE PHONE NUMBER \_\_\_\_\_

LICENSES HELD \_\_\_\_\_

FILE FOLDER # \_\_\_\_\_ LICENSE EXPIRATION DATE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## **DESCRIPTION OF THE EXPERIENCE**

**Please describe the activity for which clock hours are being requested:**

*\*\* Include a detailed description, plan, rationale, and objective(s) that pertain(s) to this activity/experience. If more space is needed, please attach an additional sheet.*

**\* Remember to include this completed form with all paperwork when submitting clock hours for license renewal. \***

ACTIVITY CATEGORY (Please See Back.) \_\_\_\_\_ CLOCK HOURS REQUESTED \_\_\_\_\_

### **FOR COMMITTEE USE ONLY**

**COMMITTEE ACTION:** \_\_\_\_\_ Approved for \_\_\_\_\_ Clock Hours \_\_\_\_\_ Not approved because:

COMMITTEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_