

Detroit Lakes Public Schools
CLOCK HOUR APPROVAL APPLICATION FORM

This form is to be submitted with each request for clock hours to the local continuing education committee according to rules established by the local committee. Duplicate this form as needed.

Name: _____

Address: _____

License(s) Held: _____

License Expiration Date: _____ File Folder: _____

Applicant Signature: _____ Today's Date: _____

Request for:

☐ Final approval of Clock Hours for professional activity completed or ☐ Pre-approval of Clock Hours subject to completion

Activity Category (check appropriate activity below): **Activity Date:** _____ **# of Clock Hours Requested:** _____

Activity in (2) or more categories is required for renewal

- | | |
|--|---|
| ☐ A. Relevant coursework completed at accredited college or university* | ☐ F. Professional Service |
| ☐ B. Educational workshops, conferences, institutes, seminars or lectures | ☐ G. Leadership Experiences |
| ☐ C. Staff development activities, in-service meetings, and courses | ☐ H. Enhance knowledge of diverse educational settings |
| ☐ D. District, regional, state, national or int'l curriculum development | ☐ I. Pre-approved travel or work experience** |
| ☐ E. Mentoring | |

* one quarter credit = 16 clock hours / one semester credit = 24 clock hours ** one week of travel or work experience = 10 clock hours

This Activity Addressed: (check those that apply to above activity)

- ☐ **Positive behavior intervention strategies**
- ☐ **Further reading preparation** as defined in MN Statute 122A.06, Subd. 4. This requirement applies to all full professional licenses issued by the Board of Teaching, except school counselors, school psychologists, school nurses, school social workers, audiovisual directors and coordinators, and recreation personnel.
- ☐ Key warning signs of **early-onset mental illness** in children and adolescents
- ☐ **Accommodations, modification and adaptation of curriculum, etc.**
- ☐ **English Learners:** Evidence of work that demonstrates professional reflection and growth in best teaching practices for meeting the needs of English Learners.
- ☐ **Suicide Prevention**
- ☐ **Cultural Competency (2020)**
- ☐ **American Indian History & Culture (2024)**

Description of Experience: (Include objective, amount of time engaged, date(s) of activity, and evaluation of the experience. Attach additional pages for documentation, explanation, and detail as appropriate).

LOCAL COMMITTEE ACTION

☐ Approved for _____ Clock Hours ☐ Not Approved due to _____

Date: _____ Committee Signature: _____