

**Official Verification Form for Continuing Ed. Clock Hours offered locally at
LAKEVIEW during the 2024-2025 year**

Name: _____ Date of form submission: _____

- Place a check mark in front of all in-services you attended
- Indicate Total Clock Hours requested for each section (in the text boxes).
- Submit form to Traci Olson (*no deadline for form submission other than staying within your 5-year license renewal time frame*)

PLC Meetings

____ 14 PLC meetings **17.5 hours** Total _____

PLC Leader Meetings

____ 10 PLC leader meetings **7.5 hours** Total _____

Mentoring Program

Mentors and Mentees:

____ Aug 9 **8 hours**
____ Aug 10 **4 hours**
____ 10 Mentor meetings **10 hours** Total _____

Q Comp Council Meetings

____ 10 Q Comp Council Meetings **10 hours** Total _____

Other inhouse meetings

____ Blood Borne Pathogens **3 hours** Total _____
____ MTSS Tier 1 - Curt Slater **4 hours**
____ Seizure Training **1 hour**
____ Allergy Trainings **1-5 hours**
 Req. - Anaphylaxis
 Opt. - Celiac, General Food, Cleaning, Auto-Injectors

Total clock hours: _____ hours

Other

If there are any other LOCAL training activities that are not listed on this form please describe them below. Include description of experience, date, and hours being requested.
