

# Relicensure Clock Hour Approval Application Form - Independent School District #709

Submit this form with **EACH** experience on a **YEARLY** basis to Duluth Public Schools Human Resources Department.

State File Folder Number \_\_\_\_\_  
 License Areas \_\_\_\_\_ Tier \_\_\_\_\_  
 Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

MDE Date of Action \_\_\_\_\_  
 Expiration Year \_\_\_\_\_  
 Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Home School \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Home Phone \_\_\_\_\_

**Requesting Teaching/Related Service Hours**  
**Activity Date** \_\_\_\_\_ **Number of Clock Hours Requested** \_\_\_\_\_

**Requesting Administrative Hours**  
**Approved By Committee** \_\_\_\_\_

**Title of Experience** \_\_\_\_\_

**Components Requested As Per This Activity**

- Positive Behavioral Intervention Strategies
- Reading Preparation
- Accommodations/Modifications/Adaptations
- Key Warning Signs Mental Illness
- Suicide Prevention
- English Language Learners
- Cultural Competency
- American Indian History & Culture

If you are requesting a component that was not granted on the CEU you must include a written description of the experience and how it met the component

**Components Approved By Committee**

- Positive Behavioral Intervention Strategies
- Reading Preparation
- Accommodations/Modifications/Adaptations
- Key Warning Signs Mental Illness
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**Category – (Check One Box Only)**

- A**  **Relevant Coursework** - College Course(s)  
 Attach a copy of transcript or grade slip.  
 1 Semester Credit = 24 Clock Hours  
**(Max of 124 Clock Hours per renewal)**
- B**  **Educational Workshops – Appropriate To Licenses**  
 Conferences, Institutes, Seminars, Lectures  
 Hour for Hour - Attach certificate of attendance.
- C**  **Staff Development** – In-service Courses  
**(Approved By Teacher Development Committee)**  
 Hour for Hour - Attach certificate of attendance.
- D**  **Curriculum Development**  
 Site, District, Regional, State, National  
 Hour for Hour - Hours must be verified by a governing body.  
 Attach signed verification of participation.  
 PLC hours as determined by site administrator  
**(Max 30 hours of PLC per renewal)**
- E**  **Peer Coaching / Mentorship (Max. 30 clock hours per renewal)**  
 Engagement in formal peer coaching or mentorship relationships with colleagues.  
 Hour for Hour  
 Signature of supervisor verifying the experience and certificate.  
**E1 PLC Facilitator (Max 30 clock hours per renewal)**
- F**  **Professional Service (Circle One)**
  - F1** Supervision of Clinical Experiences  
 Student Teacher; Semester = 24 Clock Hours  
 Supervision of Pre-Service Teacher = Hour for Hour  
 Attach documentation with the student's name and institution.
  - F2** Participation on National, State, and Local Committees Involved With Licensure, Teacher Education, Or Professional Standards  
 Hour for Hour - Attach certificate of participation.
  - F3** Participation in National, Regional or State Accreditation.  
 Hour for Hour - Attach certificate of participation.

- G**  **Leadership Experiences (Circle One) (Max of 30 Clock Hours)**
  - G1** **Preapproved** development of new or broader skills and sensitivities to the school, community, or profession.  
 Hour for Hour - Signature of supervisor verifying the experience **and** written statement of service contribution and professional growth.
  - G2** Publication of articles in a professional journal.  
 Hour for Hour - Attach copy of the article and hours spent in research and writing.
  - G3** **Preapproved** volunteer work in professional organizations related to the licensure area.  
 Hour for Hour - Signature of supervisor verifying the experience **and** written statement of service contribution and professional growth.
  - G4** **Continuous Improvement Plan Committee Members**  
 (Maximum. 30 hours per renewal – CIT, DWCIT, SLT)
- H**  **Diversity Experiences (Circle One) (Max of 30 Clock Hours)**
  - H1** Experiences with students of another age, ability, culture, or socioeconomic level.  
 Hour for Hour - Signature of supervisor verifying the experience **and** written statement of service contribution and professional growth.
  - H2** Systematic, purposeful observation during visits to schools and to related business and industry.  
 Hour for Hour - Signature of supervisor verifying the experience **and** written statement of service contribution and professional growth.
- I**  **Travel - Work Experience (Circle One) (Max of 30 Clock Hours)**
  - I1** **Preapproved** travel for purposes of improving instructional capabilities related to the field of licensure.  
 1 Week = Up To 10 Clock Hours
  - I2** **Preapproved** work experience in business or industry appropriate to the field of licensure.  
 1 Week = Up To 10 Clock Hours
  - National Board Certification Verification**  
 Attach Certification Card
  - Local Option Exemption**

Entered at Minnesota Department of Education \_\_\_\_\_ Date \_\_\_\_\_