



State Continuing Education Clock Hours (SCECHs)
PARTICIPATION VERIFICATION FORM
Mentor Teacher – Mentor School Counselor – Mentor School Psychologist

This form must be completed and submitted to the SCECHs sponsor for eligible participants to receive State Continuing Education Clock Hours (SCECHs) for participation in one of the following activities (please check appropriate boxes):

- ☐ Serving as a mentor teacher
- ☐ Serving as a mentor school counselor
- ☐ Serving as a mentor school psychologist

NOTE: SCECHs earned will be based on the number of hours involved in the mentoring process as determined by the contact/mentoring log, not to exceed 25 hours per semester.

After submission of this verification form to the SCECHs sponsor, your SCECHs will be uploaded to the Michigan Online Educator Certification System (MOCES) and awarded after completion of a common evaluation.

PRINT ALL INFORMATION – INCOMPLETE FORMS WILL BE RETURNED

Name: _____	E-mail: _____
Personal Identification Code (PIC)# _____	Phone: _____
Name of School District/Building: _____	
Number of SCECHs: _____	
Name of Mentee: _____	
Beginning Date: _____	Completion Date: _____

Mentor Signature: _____ Date: _____

☐ I certify the criteria to receive SCECHs for the above activity has been met and the required documentation including an **EVALUATION** and **CONTACT LOG** has been reviewed and is attached to this form.

Building Administrator Signature: _____ Date: _____

Advisory: It is a criminal offense to use or attempt to use a SCECH transcript or certificate of completion that is fraudulently obtained, altered, or forged to obtain and/or maintain school administrator, teacher and/or school psychologist certification or other State Board of Education approval.

Return this form and documentation by the deadline date to:

Char-Em ISD
SCECH Coordinator
08568 Mercer Blvd
Charlevoix, MI 49720
hershaj@charemisd.org