



**State Continuing Education Clock Hours (SCECHs)
PARTICIPATION VERIFICATION FORM
School Committee**

This form must be completed and submitted to the SCECHs sponsor for eligible participants to receive State Continuing Education Clock Hours for participation on a school committee for a full academic school year.

Name of Committee _____

NOTE: SCECHs earned will be based on the number of hours served on this committee for the full year as determined by the meeting agendas and attendance verification documentation, not to exceed 25 hours per year.

After submission of this verification form to the SCECHs sponsor, your SCECHs will be uploaded to the Michigan Online Educator Certification System (MOCES). An email will be sent with instructions for completing an online survey/evaluation in MOECS. SCECHs will be awarded after completion of that survey/evaluation.

COMPLETE ALL INFORMATION – INCOMPLETE FORMS WILL BE RETURNED

Name: _____	E-mail: _____
Personal Identification Code (PIC)# _____	Phone: _____
Name of School District where Employed: _____	
Number of Meetings Scheduled: _____	Number of Meetings Attended: _____
Number of total hours served on this committee for the year: _____	
Beginning Date of Professional Activity: _____	Completion Date of Professional Activity: _____

Participant Signature: _____ Date: _____

☐ I certify the criteria to receive SCECHs for the above activity has been met.

School Committee

Chairperson 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 within 30 days of the last meeting to:

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