



**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 (SCECHs) for participation on a school committee for the school year.

**Name of Committee:** \_\_\_\_\_

**NOTE:** SCECHs earned will be based on the number of hours served on this committee as determined by the meeting agendas and attendance verification documentation. Please attach documentation.

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 MOCES. 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 and Building where Employed: _____	
Number of total hours served on this committee for the year: _____	

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify the criteria to receive SCECHs for the above activity has been met and required documentation is attached.

School Committee  
Chairperson Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Advisory: It is a criminal offense to use or attempt to use a SCECHs 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.*

**Committee Chairperson - please return this form and documentation within 30 days of the last meeting to:**

Char-Em ISD  
SCECHs Coordinator  
08568 Mercer Blvd  
Charlevoix, MI 49720