

Freshwater Education District
Local Continuing Education Relicensure Committee
CLOCK HOUR APPROVAL

This form is provided for use by the applicant and the Freshwater Education District LCERC Committee. It is not to be forwarded to the Professional Educators Licensing & Standards Board.

This form must be used to request pre-approval of experience prior to participation as outlined in categories A, D, F, G & I and used for final approval of all categories upon verification of successful completion. **Must submit prior to start of class or date of workshop.** The use of this form is intended to avoid later misunderstanding & disappointment in gaining approval of workshop hours.

Applicant Name _____

Address _____

Position Held _____ Areas of Licensure Held _____

Licensure Area(s) for this Request _____

Request for:

_____ Pre-Approval for clock hours subject to actual participation
_____ Category (specific categories are listed *ON THE MASTER RECORD FORM*)
_____ Number of clock hours requested

_____ Final approval for clock hours for the experience participated in as described below
_____ This experience has received pre-approval (see pre-approval below)
_____ Category (specific categories are listed *ON THE MASTER RECORD FORM*)
_____ Number of clock hours requested

Attach Course Description or Agenda

Professional Development for this experience (Briefly state the objectives you have for participating in the experience and the relationship they have to your professional development; if more space is needed, attach another sheet.)

Description of the experience (For content approval. List specifics of experience such as date, time, materials, instructors, etc. & attach transcript, certificate or other documentation as appropriate.)

Evaluation (For use in final approval only.) (State briefly your evaluation of the outcomes of this experience. Were your objectives reached? If more space is needed, attach another sheet.)

For use by LCERC

Pre-Approval**

The above experience is
_____ Pre-Approved
for _____ clock hours
_____ Not approved for the following reason

LCERC Chairperson _____ Date _____
Due PRIOR to the start of class. **

Final Approval

The above experience is
_____ Approved
for _____ clock hours
_____ Not approved for the following reason

LCERC Chairperson _____ Date _____