**Program Approval Application for**

**State Continuing Education Clock Hours (SCECHs)**

*Sponsor: Monroe County ISD*

**★ = Required Field**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Applications must have a minimum of 3 hours of training time excluding breaks*** | | | | | | | |
| **★** Date Submitted to SCECH Coordinator: | | | | **★** Category (select from list below) | | | |
| **Click here to enter a date.** | | | | **Choose an item.** | | | |
| **SCECH Application Details** | | | | | | | |
| **★** Program Title (what will appear on the Approved Program webpage – **no more than 35 characters**) | | | | | | | |
|  | | | | | | | |
| **★** Program Format | | | | | ★ Participant Fee (Required payment from participant to participate in this program) | | |
| Blended/Hybrid – Program is a combination of face-to-face and virtual/online  Face-to-Face – Participants physically attend complete program  Virtual/Online – Complete program through some type of virtual/online media | | | | | $ | | |
| Will this program be offered for college credit? *(must be 2+ days)* | | |
| Yes  No | | |
| **★** Course Narrative (include basic information to let participants know what the program is about) | | | | | | | |
|  | | | | | | | |
| **★** What are the Learning Outcomes and Objectives for This Program? *(provide information on what participants will be able to do as a result of attending, and the overall purpose of the program)* | | | | | | | |
|  | | | | | | | |
| **★** Prerequisites (any program they must take prior to this program. If none, check box ⭢)  None | | | | | | | |
| Prerequisites*(please list)*: | |  | | | | | |
| Is Program Restricted? (restrictions may include: limited to a specific school, specific teacher group, etc.)  Yes  No | | | | | | | |
| If yes, please list restrictions: | |  | | | | | |
| **★** Number of Times this *EXACT* Program Will be Offered/Presented | | | | | | | |
| **Offering** | | | **Beginning Date** | **Ending Date** | | | **County Code** |
| #1 | | | **Click here to enter a date.** | **Click here to enter a date.** | | | **58 - Monroe ISD** |
| #2 | | | **Click here to enter a date.** | **Click here to enter a date.** | | | **58 - Monroe ISD** |
| #3 | | | **Click here to enter a date.** | **Click here to enter a date.** | | | **58 - Monroe ISD** |
| **★ Event Location** | | | | | | | |
| School/Business Name |  | | | Address, City, State, Zip | |  | |

|  |  |  |
| --- | --- | --- |
| **Agenda Information** | | |
| **Please complete the below agenda information, using the following guidelines:**   * Do not count partial hours and do not round up. (*If your program runs 5 hours, 45 minutes, you can only count 5 clock hours for a total 5 SCECHs*) * **When calculating clock hours, do not count times on the agenda for:**  welcome, housekeeping**,** break, lunch *(must deduct a minimum of 30 minutes*), or working lunch.   The agenda must show specific training subjects. It must also include break times *(10-15 minute*s *for every 2.5 hour*s *of instruction)* and meal break(s) *(full day session*s *should include a 30-60 minute for lunch)*. The agenda cannot change from the agenda approved by MDE. If you have any agenda/program changes, the changes must be approved by MDE BEFORE THE FIRST DAY OF THE PROGRAM. | | |
| **Agenda (Day 1) – ★Date:** | | |
| **★ Clock Hours** | **★ Time** | **★ Agenda Topic** |
| 1.25 | 8:30 – 9:45 | Sample topic sample topic sample topic sample topic |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **★ Total Clock Hours for Day 1 =** | | |
| **Agenda (Day 2) – ★Date:** | | |
| **★ Clock Hours** | **★ Time** | **★ Agenda Topic** |
| 1.25 | 8:30 – 9:45 | Sample topic sample topic sample topic sample topic |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **★ Total Clock Hours for Day 2 =** | | |
| **Agenda (Day 3) – ★Date:** | | |
| **★ Clock Hours** | **★ Time** | **★ Agenda Topic** |
| 1.25 | 8:30 – 9:45 | Sample topic sample topic sample topic sample topic |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **★ Total Clock Hours for Day 3 =** | | |
| **★ TOTAL Contact Hours (SCECHs) for this Program =** | | |
| *Maximum number of hours available - Actual time used for instruction. Do* ***NOT*** *count welcome, breaks, lunch, dinner speeches, homework, preparation time, registration, or similar non-instructional activities.* | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Presenter #1 Information** | | | |
| **★ Presenter Name** | **★ Title** | | **★ Affiliation (Company/Institution)** |
|  |  | |  |
| **★ Expertise/Qualifications Related to Program/Training:** | | | |
|  | | | |
| **Presenter #2 Information *(if applicable)*** | | | |
| **★ Presenter Name** | **★ Title** | | **★ Affiliation (Company/Institution)** |
|  |  | |  |
| **★ Expertise/Qualifications Related to Program/Training:** | | | |
|  | | | |
| **Presenter #3 Information *(if applicable)*** | | | |
| **★ Presenter Name** | **★ Title** | | **★ Affiliation (Company/Institution)** |
|  |  | |  |
| **★ Expertise/Qualifications Related to Program/Training:** | | | |
|  | | | |
| **Applicant Contact Information** | | | |
| **★ District/Agency** | **★ Contact Name & Title** | | **★ Contact Phone** |
|  |  | |  |
|  |  | | ← If you agree that all of the information on this form is correct, please type your name on the signature line and enter the date. |
| **★** Contact (typed) Signature | **★** Date | |
|  |  | | |
| **SCECH Sponsor Information** | | | |
| **SCECH Program Sponsor** | | **SCECH Coordinator** | |
| Monroe County Intermediate School District | | Susan Dozier | |

**Please Note:**

Once the program is approved, you and/or your presenter must run the program according to the final agenda submitted with this application. This means **there can be no changes to the program agenda**. This means **no**:

* Skipping breaks to allow early release.
* Shortening the lunch break to allow early release.
* Changing the start time.
* Making the end time earlier *(it’s okay to run over)*.
* Changing program dates without prior approval from the Sponsor.

**Submission**

**Please return this application to Susan Dozier at susan.dozier@monroeisd.us at the MCISD no *less* than 45 days prior to the first day of the program.**

**Questions?**

Contact either Susan Dozier 734.242.5799 x 1310 for questions regarding this application.

**Advisory:**

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