



## STATE CONTINUING EDUCATION CLOCK HOURS (SCECHs) PARTICIPANT VERIFICATION FORM

### School Psychologist Mentor – 2nd Semester

This form must be completed in order for eligible participants to receive SCECHs for participation.

***\*\*Each school-based non-traditional activity may only be used a maximum of three (3) times toward certificate renewal within an educator's certificate renewal period. Only 25 SCECHs may be earned per semester.***

A completed copy of this form must be filed with the SCECH Sponsor **no more than 30 calendar days after the end-date of the activity.**

Your SCECHs will be uploaded to the Michigan Online Educator Certification System (MOCES) and awarded after completion of a common evaluation and payment of fees.

**Submit completed SCECH form (Type or Print) to [SCECH@NorthwestEd.org](mailto:SCECH@NorthwestEd.org).**

Name	
Email Address:	PIC:
Name of School District Where Employed	
Name of School Where Assigned	
Name of Assignee	
Beginning Date of Professional Activity	Completion Date of Professional Activity

\_\_\_\_\_  
Supervising Teacher/Counselor/School Psychologist Signature

\_\_\_\_\_  
Date

- I certify the criteria to receive SCECHs for the above activity has been met and the required evaluation/documentation pertaining to the activity has been reviewed. This documentation is on file for review.

\_\_\_\_\_  
Building Principal/District Superintendent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SCECH Coordinator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SCECH Program Approval Number

\_\_\_\_\_  
SCECHs Awarded

**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.