

Program Approval Application for State Continuing Education Clock Hours (SCECH)

Applications must have a minimum of three hours of training time excluding breaks.

* Designates *Required* Fields

*Date Submitted to Coordinator: _____

Select One*:

New This is the first time this is being offered for SCECHs.

Update This application is for an additional offering of a **previously approved program**.
Program Approval Number: _____

(Please provide program number)

Application Details

*Program Title: (which will appear in the online SCECH Catalog)

- *Program Format:
- 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

Same location as that of Sponsor? Yes / No

Is the program being held at the Sponsor's address?

If not, you must fill in the Event Location* information boxes:

*Event Location: List the complete address where the program is being held.
This will allow individuals to use their GPS if needed.

Event Location
(Business/school name)

Address

City

State

Zip

*Category (See Attached List)

*Course Narrative: (Include basic information to let participant know what the program is about)

*Prerequisites: (Any program or training they must take prior to this program; if none, state None)

None or **Prerequisites** (Please list): |

***Attendance Method/Internal Notes:** (Describe the attendance method you are using for this program and you may include other information needed by Sponsor/Coordinator about this program)

***Technical Specifications:** (Only for online programs - Specific computer needs for this program)

***Participant Fee:** (Required payment from individuals to participate in this program)

\$

Conference? (Check if Yes) If Yes - **Range of Hours Available:** to
Minimum Hrs. Maximum hrs.
(Minimum can't be less than 3)

***Total Contact Hours:** (maximum number of hours available)

The actual time used for instruction. Do **NOT** count the welcome, breaks, lunch, dinner speeches, homework, preparation time, registration, or similar non-instructional activities.

***Program Descriptors: (up to 2)** **1.)** _____ **2.)** _____

(Select from List attached)

On-going Enrollment? Yes No (Online only)

If program is online and at your own pace – participants are uploaded when they complete the program requirements. Program will run for 1 year from date of State Approval.

IACET Program? Yes No

IACET Certificate has been submitted to Coordinator from Educator. (Educator pays for Program Application)

Is Program Restricted? Yes No

*** If Yes, list any restrictions related to the program.** (Restrictions may include; limited to a specific school, specific teacher group, etc.)

Restrictions:

Agenda File Name. Submit Agenda Electronically.

Program Details

***Number of New Program Offerings:**

How many times this **exact same program** will be offered/presented?

#	Begin Date MM/DD/YY	End Date MM/DD/YY	County Code (See attached list)	Reason for Change	Cancel
1					
2					

(Add additional lines if necessary.)

Contact Details

Is this Program offered for College **Conversion** credit? Yes* No

***If Yes, List College:** _____

*College Contact Phone Number: _____

*Number of College Credits Offered: _____

You must attach to this application a statement from the college stating the college is aware of, and approves, the program being offered for SCECHs. Following the program, the instructor must provide in writing the names of all participants that fully met all program requirements.

Program Contact

This area contains the contact information and website for the person anyone would contact to register for the program, or to get more information about the program.

*Program Contact Name: _____

*Program Contact Phone: _____

*Program Contact Email: _____

Program Website: _____

Contact Signature(s): _____

Original or Electronic

Originating District: _____

(If not the approved Sponsor)

Sponsor Acknowledgement

SCECH Program Sponsor _____

SCECH Coordinator _____

SCECH Assistant Coordinator _____

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.

1. What are the learning outcomes and objectives for your program? **Please provide information on what participants will be able to do as a result of attending, and the overall purpose of the program.**
2. **Attach the (final) program agenda to this application.** The agenda must show specific training subjects. It must also include break times (10-15 minutes for every 2.5 hours of instruction) and meal break (full day sessions should include a 30-60 minute lunch period). The agenda cannot change from the agenda approved by MDE. If you have any agenda/program changes, the changes must be approved BEFORE THE FIRST DAY OF THE PROGRAM.

Evaluation Questions

Do you wish to add extra questions to the online Participant Evaluation? **We encourage program specific questions. These (up to five) can be in any format and added to the standard online evaluation.**

Standard questions for every program:

1. Describe two (2) ways you could apply this new knowledge or skill in your role as an educator.

2. Please provide feedback to the facilitator or Sponsor regarding the program’s structure, content, delivery, or any other comments you would like to share with the facilitator.

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 mean **no:****

- **Skipping breaks to allow early release.**
- **Shortening the lunch break to allow early release.**
- **Changing the start time.**
- **Making the end time earlier (if you run over that is okay).**
- **Changing program dates without prior approval from the Sponsor.**

Optional Conference worksheet: *(or attach your own spreadsheet)*

Name of the Facility and Location/Address		Dates In Chronological Order	Times	
			From	To
Conference Offering		MM/DD/YY	AM/PM	AM/PM
Day 1				
Day 2	(list only if different)			
Day 3	(list only if different)			
Day 4	(list only if different)			
Day 5	(list only if different)			

(Add additional lines if necessary)

Presenter Information

(Copy form as needed)

Presenter Name: _____

Title: _____

Affiliation (Company/Institution): _____

Expertise/Qualifications related to program/training: _____

(Add lines as needed, or attach program/flyer or other documentation that contains the information)

Category List

Adult Education
Agricultural Education
Agriscience and Natural Resources
Art Education
Bilingual Education
Business Education
Career and Technical Education
Committee/Review Team
Communication Arts
Computer Science/Technology
Curriculum Development (Non-Content)
Early Childhood
Educational Technology
Elementary Level (Grades PreK-5)
English
English as a Second Language
Environmental Studies
Family and Consumer Sciences
Fine Arts
Foreign Language
General Studies
Gifted/Talented
Guidance & Counseling
Health/Recreation/Physical Education
Home Economics
Humanities
Industrial Technology
Language Arts
Leadership Skills (Non-Content)
Library Media
Management/Supervision Skills (Non-Content)
Mathematics
Mentor Teacher/Principal
Middle School Level (Grades 6-8)
Miscellaneous (Non-Content Area)
Multi-Age
Multicultural Skills (Non-Content)
Music Education
National Board Certification
New Administrator Mentor (Non-Content)
New School Counselor Mentor (Non-Content)
New School Psychologist Mentor (Non-Content)
New Teacher Mentor (Non-Content)
OnLine Courses
PA 25 School Improvement Team
Parent and/or Community Relations (Non-Content)
School Administration (Non-Content)
School Committee
School Improvement (Non-Content)
Science
Secondary School Level (Grades 9-12)
Social Science
Social Studies
Special Education
State Policy, Rules & Procedures (Non-Content)
Supervising Pre-Teaching/Pre-Service Student
Supervising School Counselor (Non-Content)
Supervising School Psychologist (Non-Content)
Supervising Teacher/School Psychologists/Counselors
Supervising/Cooperating Teacher (Non-Content)
Technology and Design
Visual Arts
Vocational Agriscience and Natural Resources
Vocational Education
Vocational Health Sciences
Vocational Human Services
World Language and Culture
Writing

Program Approval Application (continued)

Program Descriptors

067	Accounting	103	Computer Science
238	Accreditation Review/Site Visit Team	018	Cultural Studies
239	Administrator/Principal--Mentoring	222	Curriculum Development
109	Adult Education	063	Dance
202	Adult Learning Styles	206	Discipline in the Classroom
406	Advanced Placement	007	Drama
055	Agriscience and Natural Resources	100	Driver and Safety Education
226	AIDS Education	105	Early Childhood Education
408	Alternative Education	029	Earth/Space Science
017	Anthropology	011	Economics
043	Arabic (Modern Standard)	346	Educational Technology
348	Art Education	106	Elementary
030	Astronomy	079	Emotional Impairment
083	Autism Spectrum Disorder	002	English
410	Autism/ADD/ADHD	050	English as Second Language
204	Behavior Management Styles	102	Environmental Studies
019	Behavioral Studies	58	Family and Consumer Sciences
302	Bilingual Arabic	59	Fine Arts
304	Bilingual Chaldean	036	French
306	Bilingual Chinese	012	Geography
300	Bilingual Education	037	German
308	Bilingual Filipino	088	Gifted/Talented
310	Bilingual French	405	Grade Level
312	Bilingual German	396	Greek
314	Bilingual Greek	354	Guidance and Counseling
316	Bilingual Hebrew	060	Health
318	Bilingual Italian	355	Health, Physical Education, Recreation & Dance
320	Bilingual Japanese	081	Hearing Impairment
322	Bilingual Korean	398	Hebrew
324	Bilingual Other	420	High School Reform
326	Bilingual Polish	013	History
328	Bilingual Russian	422	Homeless
330	Bilingual Servo-Croatian/Bosnian	231	Human Development/Socialization
332	Bilingual Spanish	356	Humanities
334	Bilingual Vietnamese	235	IACET Authorized Training
026	Biology	086	Inclusion
203	Brain Development Theories	056	Industrial Technology
068	Business Administration	208	Instruction Theory/Methods
066	Business Education	364	Integrated Science
336	Business, Management, Marketing & Technology	209	Issues Management
340	Career and Technical Education	400	Italian
225	Career Counseling for Students	041	Japanese
042	Chaldean	003	Journalism
027	Chemistry	001	Language Arts
219	Child Psychology	038	Latin
394	Chinese (Mandarin)	218	Leadership Skills
076	Cognitive Impairment	082	Learning Disabilities
344	Communication Arts	210	Learning Styles
205	Communication Skills	101	Library Media

Program Approval Application (continued)

Program Descriptors cont.:

201	Management/Supervision Skills	075	Special Education
070	Marketing Education	004	Speech
035	Mathematics	077	Speech & Language Impairment
065	MDE Comprehensive Health Program	228	Staff Development Leadership
223	Media Utilization	237	Standards/Assessment/Review Team
229	Mentor Training Program	207	State Edu Policy, Admin, Rules, Proc.
107	Middle School/Junior High School	085	State Section 31-A (At-Risk Students)
234	Miscellaneous Content/Non-Content	227	Student Dropout Prevention
428	Multi-Age	211	Student Motivation/Theories/Technique
217	Multicultural Education	213	Student Problem Solving Skills
057	Music Education	215	Student Self-Concept Development
236	MVU Authorized Training	360	Study of Religions
362	National Board Certification	224	Substance Abuse Education
432	No Child Left Behind	446	Suicide Prevention
402	Other	233	Teacher--Mentoring
051	Other Bilingual	248	Teacher--Supervising/Cooperating
221	Outdoor Education	372	Technology and Design
212	Parent/Community Relations	220	Testing and Measurement
230	Personnel Hiring or Evaluation	448	Title I, Part A (Improving Basic Serv)
358	Philosophy	450	Title I, Part C (Education of Migratory Children)
061	Physical Education	452	Title I, Part D (Prevention and Intervention For Delinquent Children and Youth)
084	Physical Education for Students with Disabilities	454	Title II, A(3) (Higher Education Professional Development)
078	Physical or Other Health Impairment	456	Title II, Part A (Teacher and Principal Training and Recruiting)
366	Physical Science	458	Title II, Part D (Formula Grants For Technology)
028	Physics	460	Title III (Language Acquisition and English Language Learners)
404	Polish	462	Title VI, Part B, Subpart 2 (Rural and Low-Income School Program)
014	Political Science	464	Title VI, Part B, Subpart I (Rural Education and Achievement Program)
434	Poverty	466	Title X, Part C (McKinney-Vento Homeless Education Assistance)
436	Professional Learning Communities	468	Violence Prevention
015	Psychology	368	Visual Arts Education
005	Reading	080	Visual Impairment
062	Recreation	090	Voc. Agriscience and Natural Resources
040	Russian	381	Voc. Arts and Communication Pathway
200	School Administration	091	Vocational Business Services
440	School Committee	375	Vocational Business, Management, Marketing & Technology Pathway
242	School Counselor--Mentoring	386	Vocational Child Care
240	School Counselor--Supervising	388	Vocational Cosmetology
214	School Improvement	380	Vocational Engineering, Manufacturing, Industrial, and Technology Pathway
442	School Improvement Comm.(PA 25)	093	Voc. Family and Consumer Sciences
244	School Psychologist--Mentoring		
232	School Psychologist--Supervising		
025	Science		
108	Secondary/Senior High School		
069	Secretarial Science		
104	Sex Education		
216	Sex Equity In The Classroom		
367	Social Science		
010	Social Studies		
016	Sociology		
039	Spanish		

Program Approval Application (continued)

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|---|--|
| 382 Vocational Health Sciences Pathway | 092 Vocational Marketing Education |
| 350 Vocational Health Services | 089 Vocational Natural Resources and Agriscience Pathway |
| 376 Vocational Hospitality | 094 Vocational Technical |
| 384 Vocational Human Services Pathway | 392 World Language and Culture |
| 390 Vocational Law Enforcement/Fire Science | 006 Writing |

SCECH LISTING OF COUNTIES AND ISD'S

<u>NUMBER</u>	<u>COUNTY OR ISD</u>	<u>NUMBER</u>	<u>COUNTY OR ISD</u>
03	Allegan County ISD	44	Lapeer ISD
04	Alpena-Montmorency-Alcona ESD	46	Lenawee ISD
08	Barry ISD	47	Livingston ESA
09	Bay-Arenac ISD	50	Macomb ISD
11	Berrien ISD	51	Manistee ISD
12	Branch ISD	52	Marquette-Alger ISD
13	Calhoun ISD	53	Mason-Lake ISD
14	Lewis-Cass ISD	54	Mecosta-Osceola ISD
15	Charlevoix-Emmet ISD	55	Menominee ISD
16	Cheboygan-Otsego-Presque Isle ISD	56	Midland County ISD
17	Eastern UP ISD	58	Monroe ISD
18	Clare-Gladwin ISD	59	Montcalm Area ISD
19	Clinton RESA	61	Muskegon ISD
21	Delta-Schoolcraft ISD	62	Newaygo County RESA
22	Dickinson-Iron ISD	63	Oakland Schools
23	Eaton ISD	64	West Shore ESD / Oceana ISD
25	Genesee ISD	70	Ottawa Area ISD
27	Gogebic-Ontonagon ISD	72	C.O.O.R. ISD
28	Traverse Bay ISD	73	Saginaw ISD
29	Gratiot-Isabella RESD	74	St. Clair RESA
30	Hillsdale ISD	75	St. Joseph ISD
31	Copper County ISD	76	Sanilac ISD
32	Huron ISD	78	Shiawassee RESD
33	Ingham ISD	79	Tuscola ISD
34	Ionia ISD	80	Van Buren ISD
35	Iosco ISD	81	Washtenaw ISD
38	Jackson ISD	82	Wayne Co. RESA
39	Kalamazoo Valley ISD	83	Wexford-Missaukee ISD
41	Kent ISD		

NOTE: Please refer to these county codes when completing SCECH application.

PLEASE COMPLETE THE ENTIRE FORM!

SAVE A COPY OF THIS FORM AND SEND THE ORIGINAL TO YOUR LOCAL SCECH SPONSOR'S COORDINATOR ALONG WITH A DETAILED AGENDA.

