

Clock Hour Approval Application Form

This form is to be submitted with each request for clock hours to the local continuing education committee according to rules established by the local committee. View the Minnesota Administrative Rules 8710.7200 Clock Hours; Requirements for Renewal of Professional Licenses (<https://www.revisor.mn.gov/rules/?id=8710.7200>).al of clock hours subject to actual completion

Name: _____ File Folder #: _____

Year of Renewal: _____ Date Submitted: _____

Licensure Area: _____

Description of Experience: (Date, Time, Instructor/Presenters – Attach transcript, certificate or other documentation as appropriate.)

Mandatory Requirements: (Check requirements you have completed during this experience.)

1. Positive behavioral intervention strategies _____
2. Reading preparation _____
3. Accommodations, modification and adaptation of curriculum, etc. _____
4. Understanding the key warning signs of early-onset mental illness _____
5. Suicide Prevention Training (must have 1 hours) _____
6. English Language Learners _____
7. Cultural Competency _____

Hours Requesting for Approval: _____

FOR USE BY LOCAL COMMITTEE:

Final Approval – Approved for _____ Hours

Requirement Number(s) Approved _____

Date: _____

Signed: _____

(Committee Chairperson)