



Minnesota Internship Center Charter School
CEU Clock Hour Approval Application Form

Name _____

Address _____

Licenses held _____

License expiration date _____

Applicant signature _____ Date _____

Request for:

Pre-approval of Clock Hours subject to actual completion

Final approval of Clock Hours for professional activity completed

Activity category _____ Clock Hours requested _____

This activity addressed:

Positive behavior intervention strategies

Accommodation, modification, adaptation of curriculum materials, etc, for Standards

Further reading preparation (effective 6-30-04)

Signs of early-onset mental illness (proposed rule: tentative implementation June 2005)

Description of experience: *(include objective, amount of time engaged and evaluation of the experience. Attach additional pages for documentation, explanation and details as appropriate).*

Local action: _____ Approved for _____ Clock Hours

_____ Not approved because:

Date _____ Approval signature _____