



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

Supervision of School Counselor Internship– 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 to 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 on file with the teacher preparation institution

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.