**ISD 701 Clock Hour Approval Application Form**

Submit to the Relicensure Committee one completed form for each activity. A local committee shall not grant clock

hours for experiences that are primarily for personal rather than professional improvement or for experiences that

duplicate other granted clock hour experiences without new or enhanced professional development value.

More information at <http://hibbing.k12.mn.us/relicensure>

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**License Number** \_\_\_\_\_\_\_\_\_\_\_ License Renewal Year \_\_\_\_\_\_\_

Definition: *“Clock hour” means an hour of actual instruction, or planned group or individual professional development activity as approved by the local relicensure committee.* Activities meet requirements to renew licenses if they help maintain or improve professional abilities and only if they address one or more of the Standards Of Effective Practice. https://www.revisor.leg.state.mn.us/rules/?id=8710.2000

**Categories**

A. Relevant course work completed at accredited colleges and universities. (1 quarter credit = 16 clock hours or 1 semester credit = 24 clock hours)

B. Educational workshops, conferences, institutes, seminars, or lectures in areas appropriate to licenses held. (1 hour participation = 1 clock hour)

C. Staff development activities, inservices and courses or planned group or individual professional development activity. (1 hour participation = 1 clock hour)

D. Site, district, regional, state, national or international curriculum development. (1 hr. participation = 1 clock hour)

E. Engagement in formal peer coaching or mentorship relationships with colleagues. (See standards <https://www.revisor.leg.state.mn.us/rules/?id=8710.2000>.)

F. Professional service in the following areas: (1) supervision of clinical experiences of persons enrolled in teacher preparation programs. (No more than 30 clock

hours.) (2) participation on national, state, and local committees involved with licensure, teacher education, or professional standards. (1 hr. participation = 1 clock hour) (3) participation in national, regional, or state accreditation. (1 hr. participation = 1 clock hour)

G. Leadership experiences: (1) development of new or broader skills and sensitivities to the school, community, or profession; (2) publication of professional articles in a professional journal in an appropriate field; (3) volunteer work in professional organizations related to the areas of licensure held.

H. Opportunities to enhance knowledge and understanding of diverse educational settings: (1) experiences with students of another age, ability, culture, or socio-economic level; (2) systematic, purposeful observation during visits to schools and to related businesses and industry. (1 hour participation = 1 clock hour)

I. Preapproved travel or work experience - 30 clock hour limit may be waived by the local committee for appropriate reasons: (1) travel for purposes of improving instructional capabilities related to the field of licensure; (2) work experience in business or industry appropriate to the field of licensure. (1 hour participation = 1 clock hour)

**CATEGORIZATION AND DESCRIPTION OF ACTIVITY**

Category (A-I)\_\_\_\_ Clock Hours Requested\_\_\_\_ Date of Experience\_\_\_\_\_\_\_\_

Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach verification, agenda, or write a summary of activity.

For *Actual Instruction,* list the purpose, content, activities, materials, and instructors. Use reverse side if needed.

For *Planned Group or Individual Professional Development Activity*, provide the information requested below. Use reverse side if needed. Description (Type of Activity, Purpose, Content, Author, Audience, Format, etc.)

Source (Setting, Company, Web Address, Book Title & ISBN, Copyright Date, Professional Publication, etc.

**Check if also requesting approval for Professional Development Requirements:**

\_\_\_ Behavioral Intervention \_\_\_ Reading Preparation \_\_\_ Adaptation of Curriculum

\_\_\_ Mental Health \_\_\_\_Technology \_\_\_Reflective Statement

Committee Member's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meeting Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_This has been approved for \_\_\_\_\_\_\_\_\_ clock hours in category\_\_\_\_\_

This has not been approved because\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_