

## SCECH PARTICIPANT VERIFICATION FORM FOR MENTOR TEACHER/ADMINISTRATOR

This form should be completed for eligible participants to receive State Continuing Education Clock Hours (SCECHs) for participation in one of the following activities (please check one):

- ☐ Serving as a mentor teacher\*\* ☐ 1<sup>st</sup> Semester ☐ 2<sup>nd</sup> Semester  
☐ Serving as a new principal/administrator mentor\*\*

**\*\* A maximum of 75 SCECHs earned in each activity in a five-year renewal period can be used toward professional and/or administrator certificate renewal.**

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 Secure Central Registry and awarded after completion of a common evaluation and payment of fees, if applicable.

(Type or Print)

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

\_\_\_\_\_  
Mentor or Supervising Teacher/Principal 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's Signature/District Superintendent

\_\_\_\_\_  
Date

\_\_\_\_\_  
SCECH Coordinator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SCECH Program Approval Number

\_\_\_\_\_  
SCECHs Awarded

**Advisory: It is a criminal offense to use or attempt to use a State Continuing Education Clock Hours (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 approval.**