State Continuing Education Clock Hours (SCECH) Program Application

MICHIGAN Department of **Education**

Application Details

Program Application Number:		**Approval Number:**	
Date Submitted to Coordinator:			
Program Title:			

New Program?		Update to an existing program? :		Approval number:	

Program Format:	Professional Learning Type:
Location of Meeting:	
Address:	
City/State/Zip:	
Program Category:	
Course Narrative:	
Prerequisites:	
Attendance Method / Internal Notes:	
Participation Fee:	

Total Contact Hours		**Range of Hours**	Minimum:	Maximum:	

If the program is for School Counselor Category per MCL 380.1233, separate the hours using the breakdown below:

Total General School Counselor Hrs		General:	Minimum:	Maximum:	
Total College Readiness School Counselor Hrs		College Readiness	Minimum:	Maximum:	
Total Career Readiness School Counselor Hrs		Career Readiness	Minimum:	Maximum:	
Total Military Career School Counselor Hrs		Military	Minimum:	Maximum:	

Program Descriptors		**Program Descriptors**	
On-going Enrollment?		**IACET Program*?**	**Restricted program?**
Restrictions:			
Required Document File Name:			

*IACET programs require the original IACET certificate attached to the SCECH program application as the "Required Documentation".

Please attach the Assurance document as the "Required Documentation" for all SCECH program applications in MOECS except IACET Programs*. (*A detailed agenda or online schedule/description is no longer required to be attached to the SCECH application.*)

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Program Details

How many times will the program be offered?			

Program Offered	Start Date	End Date	County
Offering 1			
Offering 2			
(add more if needed)			

Contact Details

College Conversion		College Name:	
College Contact Phone:		College Credits Offered:	

Program Contact

Program Contact Name:	
Program Contact Phone:	
Program Contact Email:	
Program Website:	
Contact Signature(s):	
Originating District:	

Sponsor Information

Program Sponsor:	
Coordinator:	
Assistant Coordinator:	

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Presenter Information (Copy as needed)	
Presenter Name:	
Presenter's Title:	
Affiliation (Company/Institution):	
Expertise/Qualifications related to program/training:	

1. What are the learning outcomes and objective for your program? Please provide information on what participants will be able to do as a result of attending, and the overall purpose of the program.
2. Attach the agenda, online course description, or college conversion letter PLUS the required documentation to this application.

Evaluation Questions

You have the option to include extra questions to the online Participant Evaluation. Additional questions? We encourage program specific questions. These *(up to five)* can be in any format and added to the standard online evaluation.

Standard questions for every program:

1. Please provide feedback to the facilitator or sponsor regarding the program's structure, content, delivery, or any other comments you would like to share with the facilitator.
2. Describe two (2) ways you could apply this new knowledge or skill in your role as an educator.