

## SCECH PARTICIPANT VERIFICATION FORM FOR PARTICIPATION ON AN APPROVED SCHOOL COMMITTEE

This form must be completed for eligible participants to receive State -Continuing Education Clock Hours (SCECHs) for participation on a School Committee.

***\*\*A maximum of 75 SCECHs earned in this activity in a five-year renewal period can be used toward advanced certificate and/or administrator renewal.\*\* SCECHs are issued for participation in one committee activity only per school year, regardless the number of committees on which a participant serves. Committee work may not be combined.***

A completed copy of this form must be filed with the SCECH sponsor **no more than 30 calendar days after the end of the final committee meeting.**

**Fee: \$50.00 for 25 SCECHs – please make checks payable to MANS.**

(Type or Print)

Name	
Email Address:	PIC: <i>(Required)</i>
Personal Phone Number	
Name of School Where Assigned	
Number of Meetings Scheduled	Number of Meetings Attended
Beginning Date of Professional Activity	Completion Date of Professional Activity

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

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*I certify the criteria to receive SCECHs for serving on a School Committee has been met.*

\_\_\_\_\_  
Committee Chairperson's Signature

\_\_\_\_\_  
Date

☐ Participant provided with completed copy.

*May be filled in by school or MANS Staff:*

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

Program Approval Number: \_\_\_\_\_

**25 SCECHs Awarded**

**Advisory:**

**It is a criminal offense to use or attempt to use a State Board of Education Continuing Education Unit (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.**