State Continuing Education Clock Hours (SCECH) Program Application

SCECH program applications are only to be submitted by a SCECH coordinator through the Michigan Online Educator Certification System (MOECS). This form is designed as a template to send information to the coordinator if needed.

Red asterisk (*) designates a Required field.

Program Application Number:	*Coordinator Use Only*	Approval Number:	*Coordinator Use Only*
Date Submitted to Coordinator:			

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

Application Details

*Program Title:	

Program title should be unique and distinctive. *Maximum of 80 characters/spaces.*

*Program Format:		*Display in Catalog?		At Sponsor location:	

*Location of Meeting:	

*Address:	

*City/State/Zip:	

*Program Category**	

**Category MUST be School Counseling for programs offering hours in College, Career, or Military areas.

*Course Narrative:	

*Prerequisites/Restrictions:	

(Class or program that must be completed before this program)/(Program restricted to specific school/teaching subject/grade level) Please label responses when other than none.

*Attendance Method / Internal Notes:	
*Technical Specifications for Virtual/Online Programs	
*Participation Fee:		(Total amount required from participants to attend and earn SCECHs. If amount varies, state variations in Course Narrative)

Maximum Contact Hours for Complete Program:	

- **MOECS allows values starting at two (2) decimal places in quarter hour increments.(ex.1.25)**
- **All programs will offer a range of hours with the minimum at zero "0"**

Sponsors have the authority to award or deny partial hours for a program.   Sponsors will be required to make the decision on a program-by-program basis as to how the hours are awarded. How do you wish the attendance requirements for this program to be:

- ☐ **Participants must attend all of the program to receive any hours;   or**
- ☐ **Participants can earn the hours they attend without participating in the complete program.**

If the program is for School Counselor Category per (MCL 380.1233), separate the hours by content area:

Maximum **General** School Counselor Hours:	
Maximum **College** Preparation School Counselor Hours:	
Maximum **Career** Exploration School Counselor Hours:	
Maximum **Military** Options School Counselor Hours:	

- **School Counseling programs - Hours must be offered in at least one (1) type of school counselor area. Leave the areas blank where no hours are being offered.**

*Program Descriptors:	*1)		2)	

IACET Program?		*Required Document File Name:	

Program Type	Documentation Attachment Required
Internet/Web Based Programs	Topic Description/Schedule
College Conversion	College Verification Letter
IACET Programs	Original Certificate
Military Training	Training order
Individual Professional Activities	Responses to Questions
National Board for Professional Teaching Standards	NB SCECH Rules
Accreditation Review/Site Visit Accreditation Team	Schedule/Visit log
State Board Appointed Advisory Committee	Meeting agendas

Program Details

How many times will the complete program be offered? [ ] (This number will indicate how many Offering lines you use below)

Program Offered	*Start Date	*End Date	*County
Offering 1			
Offering 2			
Offering 3			
Offering 4			
(attach 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:	

Information about your program:

What are the learning outcomes and objectives 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.

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.   Describe two (2) ways you could apply this new knowledge or skill in your role as an educator.

2.   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.

Extra questions to add:	
Question Type	
Question	
Answers if multiple choice:	
Question Type	
Question	
Answers if multiple choice:	
Question Type	
Question	
Answers if multiple choice:	
Question Type	
Question	
Answers if multiple choice:	
Question Type	
Question	
Answers if multiple choice:	

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

PLEASE COMPLETE THE ENTIRE FORM

Attach the program agenda or required documentation to this application, then submit it to your local SCECH Sponsor's Coordinator.