



Washtenaw Intermediate School District

STATE CONTINUING EDUCATION CLOCK HOURS (SCECH) PARTICIPANT DATA FORM – PROGRAM

PARTICIPANT SECTION:

Participant must complete this entire section.

Name (please print legibly)	
E-mail: (List ONE valid e-mail address you used/will use when registering with MDE; you register once.)	
Mailing Address: Street Address City, State ZIP	
Phone Number:	
PIC: REQUIRED	
Name of School District:	
School District Phone Number:	
Participant's Signature:	
To receive credit:	<i>Participant must turn in this form immediately after the program ends or credit will be denied; must complete this entire participation section; must have 100% attendance and sign in and sign out on the attendance form. If credit has been awarded, you will receive an e-mail asking you to complete an on-line evaluation.</i>

SCECH COORDINATOR SECTION:

SCECH Coordinator completes this entire section.

Program Title:	UM School of Kinesiology's 27 th Health & Fitness Workshop
Presenter:	Various
Starting Date:	November 30, 2020
Ending Date:	December 4, 2020
Total Clock Hours:	5

PROGRAM MONITOR'S SECTION:

Program Monitor's Signature: _____ DATE: _____

Monitor: Please return all original Participant Data Forms and Attendance Forms immediately after signing all forms for processing to WISD SCECH Coordinator via mail (make yourself a copy) or drop off to WISD. Please do not verify information as WISD SCECH Coordinator must verify and send information to state within 15 days from the ending date of the program. Thanks.

PA 96 Advisory: It is a criminal offense to use or attempt to use a State Continuing Education Clock Hourst (SCECH) transcript or certificate of completion that is fraudulently obtained, altered, and/or forged to obtain and/or maintain school administrator, teacher, and/or school psychologist certification, or other State Board approval.