



PROGRAM APPROVAL APPLICATION for State Continuing Education Clock Hours (SCECH) or Continuing Education Units (CEU)

Applications must have a minimum of three hours of training time excluding breaks.

* Designates **Required** Fields

Professional Learning Standards

The Michigan Department of Education (MDE) encourages programs and professional learning opportunities to incorporate [Michigan's Professional Learning Policy: Standards for Professional Learning](#). Programs are to be **high-quality professional learning opportunities** resulting in engaged learners. Programs should **provide methods for engaging learners** and **demonstrating educator participation**.

Application Deadlines

SCECH applications must be submitted to CMU 40-45 days prior to the program start date. CEU applications should be submitted to CMU 21-28 days prior to the program start date.

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|---|
| <p>* Please indicate which you are applying for:</p> <p><input type="checkbox"/> SCECHs <input type="checkbox"/> CEUs <input type="checkbox"/> Both</p> |
|---|

*Date Submitted to CMU: _____

*Program Status:

New This is the first time the program is being offered for SCECHs and/or CEUs.

Update This application is for an additional offering of a previously approved program.
An "update" program is a program that has previously been approved and new dates are being added. The only acceptable additions/changes are the dates, location, and county code. For an "update" complete the Program Title, Program Offerings, and Application Contact Information.

Application Details

*Program Title: _____

- *Program Format: Blended/Hybrid – Program is a combination of Face-to-Face and Virtual/Online
 Face-to-Face – Participants physically attend entire program
 Virtual/Online – Complete program through some type of Virtual/Online media

***List the complete address where the program is being held.**

(This will allow individuals to use GPS, if needed, to find the event location.)

Event Location

(Business/school name)

Address

City

State

Zip

***Category:** _____ (select from Category List)

***Program Audience:**

SCECHs: Educators School Administrators School Psychologists

CEUs: Business Childcare Human Services Health Care

Other (please describe): _____

***Needs Assessment:** Required to determine need for training. Representatives of target training group should be involved in the planning process. Check at least one of the assessment methods listed below that were used to assess the needs for this program.

Survey Ad Hoc Committee Planning Committee Other _____

Month and Year Assessment was Conducted: _____ month _____ year

***Participant Registration Fee:** (fee individuals are charged to participate in the program; if 0, list 0) \$

***Course Narrative:** Provide information to let participant know what the program is about (100-200 words). This will become part of the individual's permanent record. The course narrative should include information such as: What should most be conveyed about the program?; What will participants learn?; What are the benefits of attending the program?; and What will participants be doing?

***Prerequisites:** (any program that participants must take prior to this program; if none, state "None")

None or **Prerequisites** (please list): _____

Is this a Conference? Yes No If yes, list Range of Hours Available: to
*Minimum Hrs. Maximum hrs.
(Minimum can't be less than 3)*

***Total Contact Hours:** (maximum number of hours available; do not round up or submit partial hours)
The actual time used for instruction. Do NOT count the welcome, breaks, lunch/dinner speeches, homework, preparation time, registration, or similar non-instructional activities.

***Number of SCECHs/CEUs:** (determined by the number of contact hours)

Submit Agenda Electronically. Agenda File Name: _____

***Program Descriptors:** (up to 2) 1.) _____ 2.) _____
(List Content Area. Do not list number.) (select from Content Areas list)

On-going Enrollment? Yes No (Program work is at individual's own pace.)

IACET Program? (for SCECHs only) Yes No
Submit IACET Certificate to SCECH Sponsor along with the application.

Is Program Restricted? Yes No *** If Yes, list any restrictions related to the program** (restrictions may include limited to a specific school, specific teacher group, etc.).

Type of Restrictions: _____

***Number of Participants You Expect to Register for SCECHs/CEUs:**

Program Offerings & Dates

***No. of Program Offerings:** (the number of times this **exact same program** will be offered/presented)

| OFFERING | BEGINNING DATE MM/DD/YY | ENDING DATE MM/DD/YY | COUNTY CODE (SEE ATTACHED LIST) |
|----------|----------------------------|-------------------------|------------------------------------|
| 01 | | | |
| 02 | | | |
| 03 | | | |
| 04 | | | |

(Add additional lines if necessary.)

College Conversion (for SCECH programs only)

Is this Program offered for **College Conversion** SCECHs? Yes No

If Yes, List College/University: _____

College Contact and Phone Number: _____

Number of College Credits Offered: _____

A written statement from the college that states the college is aware of, and approves, the program being offered for SCECHs is required with the application. Following the program, the instructor must provide in writing the names of all participants that fully met all program requirements.

Program Contact

Contact information for the person an individual can contact to register for the program or to request information about the program.

***Program Contact Name:** _____

***Program Contact Phone:** _____

***Program Contact Email:** _____

Program Website: _____

Application Contact

Contact information for the person who submits the application to CMU.

*Organization: _____

*Contact Person: _____ *Contact Phone: _____

*Contact Email: _____

*Program Monitor: _____

Name of person to serve as on-site monitor of registration process, collect registration fees, and verify attendance of participants.

*Contact Signature: _____
(Original or electronic.)

MDE Advisory:

It is a criminal offense to use or attempt to use a 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.

1. * **What are the learning outcomes and objectives for the 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 (final) program agenda to this application.** *The agenda must show specific professional development subjects. It must also include break times (10-15 minutes for every 2.5 hours of instruction) and a meal break(s), if applicable. Full day sessions should include a 30-60 minute lunch period.*

Once the program is approved, the agenda cannot change from the approved agenda. It is the responsibility of the Program Monitor and/or presenter to run the program according to the final agenda submitted with this application. This means there can be no changes to the program agenda such as:

- **Skipping breaks** to allow early release
- **Shortening the lunch break** to allow early release
- **Changing the start time**
- **Ending the program early**
- **Changing program dates** without prior approval from the SCECH/CEU Sponsor (CMU)

If you have any agenda/program changes, the changes must be approved **BEFORE THE FIRST DAY OF THE PROGRAM.**

3. Program Evaluation.

For SCECH Programs: SCECH participants are required to complete MDE's online evaluation through the Secure Central Registry. Organizations may provide up to five (5) questions specific to your program. If you would like CMU to upload specific questions, please include the questions with this application. A list of the standard evaluation questions can be found [here](#).

For CEU Programs: Organizations are to use their own evaluation form. At the end of the program, you will need to prepare and submit to CMU an evaluation summary of CEU participants' comments.

4. Upon Approval of SCECHs or CEUs.

It is the responsibility of the Program Monitor to verify attendance and participation of participants. A \$25 registration fee applies to individuals who wish to earn SCECHs or CEUs. Further information will be provided upon approval.

SCECH Participants: Participants who are eligible to be awarded SCECHs will obtain their SCECHs from the MDE's Secure Central Registry.

CEU Participants: Participants who are eligible to be awarded CEUs will receive a certificate of completion from Central Michigan University.

Presenter Information

*** Please Complete the Information Below or Attach a Copy of the Presenter's Resume
(copy form as needed)**

Presenter Name: _____

Title: _____

Affiliation (Company/Institution): _____

Expertise/Qualifications related to program/training: _____

PLEASE COMPLETE THE ENTIRE APPLICATION AND SEND TO:

Central Michigan University, Academic & Professional Programs, Park Library 415E, Mount Pleasant, MI 48859, Attn: Amy Hodges

Complete application and required documents may be emailed to amy.hodges@cmich.edu or faxed to 989-774-1188

SCECH/CEU Program Sponsor Use Only

Program Approved for: SCECHs CEUs

Program Denied: _____

CMU Approval Signature: _____
Mary K. Starnes, Associate Director, Academic & Professional Programs