



## 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.

\* Please indicate which you are applying for:  
 SCECHs     CEUs     Both

\*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

**\*Event Location:**

(Business/school name) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_

**\*Category:** \_\_\_\_\_ (select from Content Areas 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
01			
02			
03			
04			

### 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.)

**1. What are the learning outcomes and objectives for the program?** Provide information on what participants will be 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.

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

### **3. Upon Approval of SCECHs or CEUs**

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

### **4. Presenter Information**

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

Presenter Name:

Title:

Affiliation:

Expertise/Qualifications related to program/training:

**PLEASE COMPLETE THE ENTIRE APPLICATION AND SEND TO  
amy.hodges@cmich.edu  
989-774-7129**