Bemidji Committee on Continuing Education

FINAL APPROVAL AND DOCUMENTATION FORM

This form is to be used to request final approval of an experience for license renewal. Renewal clock hours may be granted only for experiences which are relevant to the field or function for which professional licensure is being requested.

Tile # File Folder # Current License Issuance Date Expiration Year (Month/Dey/Year) ISD 31 School Mailing Address (For our of district teachers) Description of experience and how it is relevant to your licensure area. (For pre-approval of travel attach tinerary: for program approval list specifics such as date, time, materials, instructors and indicate level of participation: chairperson, secretary, attendance only) This section must be completed as date, time, materials, instructors and indicate level of participation: chairperson, secretary, attendance only) This section must be completed. A. A. Attach transcript or other proof of experience. B. Secure a signature of committee chairperson, principal or supervisor to attest to the correctness of the above information. Signature Positive Behavior Intervention Strategies. Reading Preparation A. Commodations, modification and adaptation of curriculum, etc. Key Warning Sign Mental illness Suicide Prevention Training FOR USE BY LOCAL COMMITTEE ONLY Approved for renewal clock hours Not Approved for renewal clock hours Positive Behavior Intervention Strategies Reading Preparation Accommodations, modification and adaptation of curriculum, etc. Rey Warning Signs of Mental illness Suicide Prevention Positive Behavior Intervention Strategies Reading Preparation Accommodations, modification and adaptation of curriculum, etc. Rey Warning Signs of Mental illness Suicide Prevention Experience Esterner Cultural Competency Accommodations, modification and adaptation of curriculum, etc. Rey Warning Signs of Mental illness Suicide Prevention Experience Esterner Cultural Competency Accommodations, modification and adaptation of curriculum, etc. Rey Warning Signs of Mental illness Suicide Prevention Accommodations, modification and adaptation of curriculum, etc. American Indian History & Culture Committee Members Initials:	Name	Today's Date _			
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