



# Grand Valley State University Professional Development Partnerships Program Approval Application for State Continuing Education Clock Hours (SCECH)

Date Submitted to PDP Office:

Select One:

**New** This is the first time this is being offered for SCECHs.

**Update** This application is for an additional offering of a **previously approved program**.

**Program Approval Number:** \_\_\_\_\_

*(Please provide program number)*

**Application Details**

**Program Title:**

**Program Format:**

Face-to-Face - Participants physically attend complete program

Blended/Hybrid - Program is a combination of Face-to-Face and Virtual/Online

Virtual/Online - Complete program through some type of Virtual/Online media

**Event Location:** List the complete address where the program is being held.

This will allow individuals to use their GPS if needed.

Event Location  
*(Business/school name)*

Address

City

State

Zip

**Course Narrative:** *(Include basic, brief information to let participant know what the program is about )*

**Prerequisites:** *(Any program or training they must take prior to this program; if none, state None)*

**None** or **Prerequisites** *(Please list):*

**Technical Specifications:** (Only for online programs - Specific computer needs for this program)

**Participant Fee:** \$

(The course fee you are collecting for this program - does not include our SCECH processing fee of \$10/person)

**Conference?** (Check if **Yes**, provide individual session details, may request session worksheet)

**Total Contact Hours:** (maximum number of hours available in quarter hour increments)

The actual time used for instruction. Do **NOT** count the welcome, breaks, lunch, working lunch, dinner speeches, homework, preparation time, registration, or similar non-instructional activities.

Participants must attend all of the program to receive any/all hours? Yes No

If online/virtual, how will hours be verified for attendance?

**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.)

Restrictions:

### Program Details

**Number of Programs:** How many times this exact same program will be offered/presented?

	<b>Begin Date</b> MM/DD/YY	<b>End Date</b> MM/DD/YY	<b>County</b>
1.			(Add additional lines if necessary.)
2.			
3.			
4.			

**Presenter Information:** Please provide the name(s) and email address(es) of the presenters of this program (please attach biographies of each person listed below with the application; add additional names as needed):

	<b>Name</b>	<b>Email</b>
1.		
2.		

**Do you want this Program to be offered for GVSU academic credit also?**

If yes, please submit a full syllabus and instructor vitae to be reviewed. Yes No

- 1. Attach 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.
- 2. Attach all presenter biographies showing content expertise related to the proposed program.**
- 3. Attach the (final) program agenda to this application.** The agenda must show specific training subjects, include breaks and meal times (full day sessions should include a 30-60 minute lunch period). The agenda cannot change from the agenda approved by MDE. If you have any agenda/program changes, the changes must be approved BEFORE THE FIRST DAY OF THE PROGRAM.

## Program Contact

**This area contains the contact information** and website for the person anyone would contact to register for the program, or to get more information about the program.

**Program Contact Name:**

**Program Contact Phone:**

**Program Contact Email:**

**Program Website:**

**Contact Signature(s):**

Original or Electronic

**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.

**Please Note:**

Once the program is approved, you and/or your presenter must run the program according to the final agenda submitted with this application. This means **there can be no changes to the program agenda**. This means **no**:

- Skipping breaks to allow early release.
- Shortening the lunch break to allow early release.
- Changing the start time.
- Making the end time earlier (*if you run over that is okay*).
- Changing program dates without prior approval from the Sponsor.