



Kent Intermediate School District
2930 Knapp N.E., Grand Rapids, MI 49525

SCECH PARTICIPANT APPLICATION FORM

(State Continuing Education Clock Hours)
Incomplete / Illegible forms will not be processed The \$5 application fee is non-refundable.
Checks can be made to Kent ISD.

Sponsor ID No. DO 41000

PLEASE PRINT

PIC Number **REQUIRED**

Last Name

First Name

Middle Initial

Email Address

Telephone Number

Participant's Signature *(original signature-no electronic signatures will be accepted.)*

In order to receive your SCECHs for this program, you must complete the following:

- Complete and return this Registration form at the beginning of the program.
- 100% attendance (required by the Michigan Department of Education (MDE) for SCECH programs), verified by signing in each day. *Note: Make-ups are not available.*
- Please complete the MDE online evaluation in the Michigan Online Educators Certification System (MOECS) within 30 days of the email notification. Steps in the process:
 1. The coordinator uploads eligible attendees' registration information into the MOECS when the program is complete.

2. Attendees are notified by email that the required online evaluation is available.
3. After completing the online evaluation, and paying for it if applicable, the SCECHs are awarded to your MOECS account. (You must have an MOECS account and complete the evaluation to be awarded SCECHs.)

Note: *If you do not receive an email within 20 days after the program ends, check your MOECS account for the evaluation link at: <https://mdoe.state.mi.us/MOECS/login.aspx>*

If out-of-class assignments are given, they must be completed and submitted by the due date.

Evaluation notices are system-generated and do not come directly from the sponsor of this program. The evaluations are sent from: MOECS-noreply@michigan.gov

I understand that failure to meet these requirements will result in loss of SCECH credit and the \$5 application fee. I am eligible for either SCECHs or college credit, but not both because it is a duplication of credit.

Note: *If you have problems receiving these emails, please white list this email address and/or notify your internet service provider to allow these emails. It may also be necessary to check spam, junk mail, or black listed emails.*

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

Please direct any questions or concerns to Bri Connors, SCECH Coordinator for KISD at briconnors@kentisd.org

Program Approval # _____ SCECHs _____

Program Title _____

Begin Date _____ End Date _____

Kent ISD Office Use Only-Do not write in this area. ~ Method of Payment Received: _____ Deposit Charge Code: SBCEU

- PERSONAL CK# _____ CASH CREDIT/DEBIT CARD Kent ISD EMPLOYEE