

AUTHORITY: R 390.1152 of P.A. 287
 Section 10, 1964
 COMPLETION: Voluntary. Approval
 will not be granted without completion.

Office of Professional Preparation
 and Certification Services
 PO Box 30008, Lansing, Michigan 48909
 Phone: (517) 335-1167

PROGRAM APPROVAL APPLICATION FOR STATE BOARD – CONTINUING EDUCATION UNITS (SB-CEU)

NEW (Complete ALL items)
 UPDATE*
 RENEWAL*

**Applicants marking either of these two boxes need to complete items 1–5 and 12 below and Dates/Locations on page 2.*

PLEASE TYPE ALL INFORMATION ONTO FORM. DO NOT WRITE OR PRINT.

1. SPONSOR NAME (must be submitted by an approved SB-CEU sponsor) Western Michigan University		TELEPHONE--AREA CODE/NO./EXT 269.387.4174
2. SPONSOR ID NO. C002330	3. PROGRAM NO.	4. NO. OF SB-CEUs
5. PROGRAM TITLE		

6. TARGET AUDIENCE: (Check all that apply.)
 TEACHERS
 ADMINISTRATORS
 SCHOOL PSYCHOLOGISTS

7. 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 used.*

SURVEY
 AD HOC COMMITTEE
 PLANNING COMMITTEE
 OTHER _____

8. MONTH AND YEAR ASSESSMENT WAS CONDUCTED: _____ Month _____ Year

9. NUMBER OF PRESENTERS:
 10. CONFERENCE? (1=YES; 2=NO)
 11. PROGRAM DESCRIPTORS: (from Page 4)

12. Complete the following for each program offering (in chronological order). Specific information on dates and locations must be provided on the reverse side of this form.

No.	Begin Date Month/Day/Year	End Date Month/Day/Year	County Code 2 Digits (from p. 6)
01			
02			
03			
04			
05			
06			

13. Is this program also offered for college credit?
(If "Yes", list college below.) 1=Yes
 2=No

14. Total Number of Program Offerings:

15. Total contact hours per program offering:
(whole numbers only—no decimals)

16. Originating District (if not the approved sponsor) _____

Contact Person _____ Date _____



IMPORTANT NOTICE FOR K-12 SCHOOL DISTRICTS THAT ARE APPROVED SB-CEU SPONSORS.

Submit this application directly to your ISD for preapproval if your ISD has been authorized to preapprove SB-CEU applications.

SIGNATURES

SB-CEU Program Sponsor _____ Date _____

ISD Pre-Approval _____ Date _____

MDE Approval _____ Date _____

DATES(S)/LOCATION(S) INFORMATION

Name of Facility and Exact Location/Address	City	Dates in Chronological Order			Times From To	
		Mo	Da	Yr	AM/PM	AM/PM
FIRST OFFERING						
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Day 7						
Day 8						
SECOND OFFERING (2nd Repeat of 1st Offering)						
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Day 7						
Day 8						
THIRD OFFERING (3rd Repeat of 1st Offering)						
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Day 7						
Day 8						

(Duplicate page for additional program offerings. Begin with "Fourth Offering.")

***ISD PRE-APPROVAL**

Local school districts that are approved SB-CEU sponsors may submit their applications to their intermediate school district/regional educational service agency (ISD/RESA) for preapproval, if the ISD/RESA is participating in the preapproval program. School districts choosing this option should contact their ISD/RESA to determine whether they are participating and what time line is needed for the preapproval.

OVERALL GOAL/OBJECTIVE OF PROGRAM

Include 3-5 sentence statement.

SPECIFIC LEARNING OUTCOMES FOR PARTICIPANTS

Include 3-5 sentence statement.

PROGRAM AGENDA

The agenda should show precise hour-by-hour activities so that instructional (contact) hours may be verified. Training session longer than two and a half hours must include a 15 minute break. Welcome, breaks, and meal times are not included in the contact hours. Describe other aspects of the training such as methodologies, instructional aids, learning materials, etc., to identify the specific training proposed. (Please attach a copy of the agenda.)

PARTICIPANT EVALUATION

Sponsors may use their own evaluation forms. Keep tally or summary evaluation information for submission to the Michigan Department of Education.

SB-CEU PRESENTER INFORMATION

Name _____

Organization _____

Street Address _____

City _____ State _____ Zip _____

E-mail address _____ Highest Degree Earned _____

Work Telephone _____ Home Telephone _____

Expertise or Skills (limit to one area) _____

SB-CEU PRESENTER INFORMATION

Name _____

Organization _____

Street Address _____

City _____ State _____ Zip _____

E-mail address _____ Highest Degree Earned _____

Work Telephone _____ Home Telephone _____

Expertise or Skills (limit to one area) _____

SB-CEU PRESENTER INFORMATION

Name _____

Organization _____

Street Address _____

City _____ State _____ Zip _____

E-mail address _____ Highest Degree Earned _____

Work Telephone _____ Home Telephone _____

Expertise or Skills (limit to one area) _____