**MACS Re-licensure Committee**

**Master Record Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ File Folder #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area(s) of Licensure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Directions:*** *List CEUs in the following order: specific requirements (\*), requirements in your license area, requirements in additional license area(s)( if any). Keep each license area’s CEUs grouped together. All miscellaneous CEUs should be grouped together at the end. Clock hour documentation should be organized according to the order in which it is recorded on this Master Record Form. Make copies of the second page as necessary.*

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|  | **Record exact # of hours for each activity** | **Office Use Only** |
| Mark if activity has accompanying explanation on **Clock Hour Activity Explanation Sheet** | **Activity Date(s)** | **Category****A-I** | **Title/Description** |  | \***Mental Health** *(2 hours)* | \***Standards** *(1 hour)* | \***Positive Behavior** *(1 hour)* | \***Reading** *(1 hour)* | \***Technology** *(1 hour)* | Clock Hours Grantedfor this Activity | Committee Member Initials | ASL – Deaf Culture ONLY D/HH Teacher |
| ✓ | 1/1/11 | B | Children’s Mental Health |  | 4 |  |  |  |  | ***EXAMPLE*** |
|  |  |  | Reflective Statement 🗹 *box if included (if required)* |  |  |  |  |  |  |  |  |  |
|  |  |  | ELL Requirement- check box below CEU CEU explanation in reflective statement |  |  |  |  |  |  |  |  |  |
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| SUB-total Clock Hours Earned During Re-licensure Period *(this page)*: |  |  |  |

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|  | **Record exact # of hours for each activity** | **Office Use Only** |
| Mark if activity has accompanying explanation on **Clock Hour Activity Explanation Sheet** | **Activity Date(s)** | **Category****A-I** | **Title/Description** | Toward License Area: \_\_\_\_\_\_\_\_\_\_\_\_\_ *(30 hours)* | Toward License Area: \_\_\_\_\_\_\_\_\_\_\_\_\_ *(30 hours)* | Toward License Area: \_\_\_\_\_\_\_\_\_\_\_\_\_ *(30 hours)* | Toward License Area: \_\_\_\_\_\_\_\_\_\_\_\_\_ *(30 hours)* | Miscellaneous/Other Hours | Clock Hours Grantedfor this Activity | Committee Member Initials | ASL – Deaf Culture ONLY D/HH Teacher |
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| SUB-total Clock Hours Earned During Re-licensure Period *(this page)*: |  |  |  |
| GRAND Total Clock Hours Earned During Re-licensure Period *(ONLY if this is the final page)*: |  |  |  |