MN ASSOCIATION OF CHARTER SCHOOLS

Unleashing education from convention

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.*

					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 Granted for 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	☐								
					☐							
						☐						
							☐					
								☐				
									☐			
				SUB-total Clock Hours Earned During Re-licensure Period *(this page)*:								

OFFICE USE ONLY:

Committee Member Initials: _____ Date: _____

Revised October 2015

				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 Granted for this Activity	Committee Member Initials	ASL – Deaf Culture ONLY D/HH Teacher
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)*:											

OFFICE USE ONLY:

Committee Member Initials: _____ Date: _____