**MACS Relicensure Committee**

**Single License Master Record Form**

Name:       File Folder #:

Area of Licensure:       License Exp. Date:

*\* Make copies of this form as necessary. Clock hour documentation should be organized according to the order in which it is recorded on this Master Record Form, from activities with the most clock hours to activities with the fewest clock hours.*

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|  | **Record # of Hours – Do Not Use Check Marks** | **Office Use Only** |
| Mark if activity has accompanying explanation on Clock Hour Activity Explanation Sheet | Activity Date(s) | CategoryA-I | Title/Description | Toward Licensure Area *(30 hours)* | Mental Health *(2 hours)* | Standards *(1 hour)* | Positive Behavior *(1 hour)* | Reading *(1 hour)* | Technology *(1 hour)* | Other Hours | 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 |
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| Total Clock Hours Earned During Relicensure Period:       |  |  |  |