

**RECORD OF CONTINUING EDUCATION CREDITS
FOR SCHOOL ADMINISTRATORS****General Instructions**

Beginning July 1, 1999, this form should be completed by each administrator employed by a school district, public school academy, or intermediate school district in Michigan who must comply with Rule 380.1201 (see below).

This form is a worksheet to be completed, signed upon verification, and retained by the school district. DO NOT return this form to the Michigan Department of Education unless requested to do so.

Authority: Section 1246 of Public Act 289 of 1995 states:

...A school district shall not employ a person as a superintendent, principal, assistant principal, or other person whose primary responsibility is administering instructional programs or as a chief business official unless the person has completed the continuing education requirements prescribed by state board rule....

Administrative Rule: (By authority conferred on the state board of education by section 1246 of Act No. 451 of the Public Acts of 1976, as amended, being §380.1246 of the Michigan Compiled Laws.)

R 380.1201 School Administrator continuing education requirement states:

Beginning July 1, 1999, a school district, public school academy, or intermediate school district shall not employ a person who has not completed, within a 5-calendar-year period before July 1, 1999, either a minimum of 1 semester hour of credit at a state board-approved institution or 3 state board-continuing education units (SB-CEUs). A person who holds a Michigan administrator certificate that is valid through 6/30/99, is exempted from this requirement. After July 1, 1999, or upon expiration of the administrator certificate, a person employed as a school administrator shall have completed, within each 5-calendar-year period, a minimum of 6 semester hour credits at a state board-approved institution or 18 state board-continuing education units, or a combination of both.

THIS SECTION TO BE COMPLETED BY EMPLOYING SCHOOL DISTRICT

NAME OF ADMINISTRATOR: _____
(please type or print)

SOCIAL SECURITY #: _____

NAME OF SCHOOL DISTRICT WHERE EMPLOYED: _____

- Holds a Michigan Administrator certificate with expiration date of: _____
- Does not hold a valid Michigan Administrator certificate.

SUPERVISOR NAME: _____
(please type or print) (Signature)

(Title) (Date)

THIS SECTION TO BE COMPLETED BY EMPLOYED ADMINISTRATOR

Note: If a combination of SB-CEUs and semester hours are reported, the table below may be used to calculate the completion of continuing education requirements.

<u>NUMBER OF SEMESTER HOURS COMPLETED</u>	<u>BALANCE NEEDED IN SB-CEUs</u>
6 hrs.	0 SB-CEUs
5	3
4	6
3	9
2	12
1	15
0	18

In the spaces below, please provide complete information on the SEMESTER credit hours earned to satisfy the continuing education requirement. **PLEASE TYPE OR PRINT.**

Number and Title of Course	# of Semester Credit Hrs	College/University (and address if out-of-state)	MM/DD/YY of Completion
Total # of Semester Hrs. Earned:			

In the spaces below, please provide complete information on the SB-CEUs earned to satisfy the continuing education requirement. This page may be duplicated if needed.

PLEASE TYPE OR PRINT.

Title of SB-CEU Program	Approval Number of SB-CEU Program This must be completed.	Number of SB-CEUs Earned	Sponsoring Agency of SB-CEU Program	Ending Date (MM/DD/YY) of Program
Total Number of SB-CEUs				

ADVISORY: In accordance with Public Act 96 of the Public Acts of 1995, it is a criminal offense to use or attempt to use a college, university, or State Board of Education Continuing Education Unit transcript that is fraudulently obtained, forged, or other fraudulent credentials for this purpose.

(Signature of Administrator)

(Date)