TE-4490 Michigan Department of Education

Direct questions regarding this form to Rosheeda Whitthorne 517-241-2200.

OFFICE OF PROFESSIONAL PREPARATION SERVICES

AUTHORITY: Section 1246 Public Act 289, 1995

COMPLETION: Voluntary

P.O. Box 30008, Lansing, Michigan 48909

# 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

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| **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.** THIS SECTION TO BE COMPLETED BY EMPLOYED ADMINISTRATOR | |
| NUMBER OF SEMESTER HOURS COMPLETED 6 hrs.  5  4  3  2  1  0 | BALANCE NEEDED IN SB-CEUs 0 SB-CEUs  3  6  9  12  15  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 |
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| 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 |
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| 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.

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Signature of Administrator Date