Macomb Intermediate School District
44001 Garfield Road ˆ Clinton Township, MI ˆ 48038-1100 ˆ 586/228-3300 ˆ www.misd.net

State Board - Continuing Education Units

IMPORTANT: For participants to earn SB-CEUs, they must attend the <u>entire</u> program as required by the Michigan Department of Education (MDE). This means attending all sessions according to the approved schedule including arriving on time and remaining for the duration of each session. The MDE and the Macomb ISD review all programs and monitor attendance. Program planners determine the method for documenting attendance. <u>It is the responsibility of each participant that their attendance has been documented.</u> Failure to comply with program requirements, including attendance, will result in disallowance of SB-CEU credit.

INDIVIDUAL APPLICATION FOR CONTINUING EDUCATION UNITS

This form must be filled out COMPLETELY or SB-CEU credit will not be granted

date _____

name of applicant _____ss# _____

home address_____
number and street city zip

school district _____school name_____

official name of workshop/training_____

dates of training _____location _____

hours completed _____number of SB-CEUs granted _____

program approval number _____

signature of applicant _____

This portion must be returned with the CEU Verification of Attendance, recorded method of attendance, evaluation of program and $10 payment

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This portion must be returned to the applicant for their records

The amount of $10 was received for the SB-CEU workshop_____
Official name of workshop/program

As a receipt of payment and to verify transcript records, keep this form.
The Michigan Department of Education *<u>does not</u>* accept this in place of an official transcript.

Official transcripts will be available 60 days after program completion. To request an official transcript, mail $5 check/cash/money order payable to Macomb ISD to the address below and include your social security number with your request.

If you have questions, contact Deborah Forton, SB-CEU Coordinator at dforton@misd.net or 586/228-3509.

begin/end date _____ number of SB-CEUs _____ program approval number _____

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