

2026 Renewal Unit Application Form

Department of Corrections Teacher Continuing Education

Complete all information below, attach verification of participation, and forward to any Continuing Education Committee member. After the committee has processed the request, the form will be placed in your district continuing education file. Only denied requests will be returned to you. **Please turn in only one request per event and check the requested competencies accordingly (evidence is required for these requests).**

Name: _____ File Folder # _____ Expires: _____

Facility: _____ Current Position: _____ Area of Licensure: _____ Tier: _____

Title of Experience: _____

Date(s) of Experience: _____ Total Hours of Experience: _____

Requested Category (see descriptions below, circle one):

STOP HERE IF YOU ARE NOT REQUESTING SPECIFIC LICENSURE REQUIREMENTS.

If you are requesting specific license requirements, add documentation matching the request to this application.

Relevance of experience related to area (s) of licensure/current assignment:

Note: Applicant who seeks renewal of a continuing license for two or more areas should allocate at least 30 clock hours to each of the licensure areas.

Did the experience address any of the following? (Check all that apply)

Note: Applicants must provide documentation to sufficiently demonstrate their participation in learning experiences addressing each of these topics, including a description of the experience, objective, and amount of time engaged in the experience.

Requested Competency (Tier 3/4 minimum required hours)

	1. Positive behavioral intervention strategies (1)
	2. Reading Preparation (1)
	3. Accommodations, modification, and adaptation of curriculum, etc. (1)
	4. Key warning signs of early on-set mental illness (1)
	5. Suicide prevention training (1)
	6. ELL (1)
	7. Cultural Competency (8-PELSB/MDE recommended)
	8. American Indian History and Culture (1)

Requested Categories (A-I):

- A. Relevant coursework
- B. Workshops, conf., seminars
- C. Staff development/In-service
- D. Curriculum development
- E. Engagement in formal peer coaching/mentoring
- F. Professional service
- G. Leadership experience
- H. Opportunities to enhance knowledge and understanding of diverse educational settings
- I. Pre-approved travel or work experience

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() The experience has been approved for _____ hours.

Additional Licensure Requirements:

1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___

() has not been approved (reason):

Date: _____

Entered by:

SIGNATURES:

Member: _____

Member: _____

Chair: _____