

Participant Verification Form

MENTOR This form is not required but may be used to collect information to award State Continuing

	ing Principal/District Superintendent Signa	ture Date		
	I certify the criteria to receive SCECHs f required documentation has been review	or the above activity has been met and the wed and is on file.		
Mentor Signature		Date	Date	
Begi	inning Date of Activity:	Completion Date of Activity:		
Nam	ne of Assignee:			
Nam	ne of School Where Assigned:			
Nam	ne of School District Where Employed:	·		
Ema	il Address:	PIC:		
Nam	ne:			
(Type	e or Print)			
	THS will be uploaded to the Michigan Online ded after completion of the program evalu	e Educator Certification System (MOECS) and ation.		
subm after	litted to the coordinator and placed in the	ellect information, a completed copy should be proper program file no more than 30 calendar of the number of hours spent in this activity should		
	amount of SCECHs awarded and numbridual is decided by the district.	er of times this activity may be used by an		
	Serving as a mentor teacher Serving as a mentor school counselor Serving as a mentor school psychologist Serving as a new principal/administrato			

Advisory: It is a criminal offense to use or attempt to use a SCECH transcript or Certificate of Completion that is fraudulently obtained, altered, or forged to obtain and/or maintain school administrator, teacher and/or school psychologist certification or other State Board of Education approval.

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