

Please use one Relicensure
Form for each school year

Name _____

_____ File/Folder No. _____ School _____ ☐ Check box if substitute Relicensure Year

_____ Home Address _____ City/State/Zip _____

Phone _____ Email Address _____

Areas of Relicensure _____

Attach documentation for review

Fill in the year, event, and indicate if the activity addresses one of the required areas. The Relicensure Committee will verify the number of clock hours for approval.

State Required Areas (Check one box) One hour needed per area

Year	Event	B	R	ACC	MH	ELL	S	CC	AIH	Clock Hours	Approved

State Required Areas:

TOTAL:

B = Positive Behavior Intervention Strategies

R = Reading Preparation

ACC = Accommodations, Modifications, and Adaptations of Curriculum

MH = Key Warning Signs of Mental Health

ELL = English Language Learner

S = Suicide Prevention Training

CC = Cultural Competency

AIH = American Indian History & Culture (NEW as of 8/2024)