



MACS RELICENSURE COMMITTEE

MASTER RECORD FORM



Minnesota Association of Charter Schools
 ATTN: Relicensure Committee
 161 St. Anthony Ave., Suite 1000, St. Paul, MN 55103
 P: 651-789-3090 | F: 651-789-3093
 relicensure@mncharterschools.org

RELICENSURE APPLICANT INFORMATION

APPLICANT NAME:				
SCHOOL NAME:				
FILE FOLDER #:	EXPIRATION DATE:	LICENSE TIER:	LICENSE AREA(S):	
		<input type="checkbox"/> Tier 3 <input type="checkbox"/> Tier 4 <input type="checkbox"/> Administrator		

I AM SUBMITTING CERTIFICATION OF MY SUMMATIVE EVALUATION & DEVELOPMENT PLAN IN LIEU OF CULTURAL COMPETENCY TRAINING AND THE MEETING OF ENGLISH LEARNER NEEDS

Directions: List the CEUs in order of the specific requirements. All miscellaneous CEUs should be grouped together at the end under "Other Hours." Make copies of this form as necessary. Clock hour documentation should be organized according to the order in which it is recorded on this Master Record Form. On the last sheet, add up all clock hours.

ACTIVITY DATE(S)	CATEGORY (A-I)	TITLE / DESCRIPTION	RECORD # OF HOURS – DO NOT USE CHECKMARKS							
			ENGLISH LEARNER NEEDS (1 HOUR)	MENTAL HEALTH (1 HOUR)	SUICIDE PREV. (1 HOUR)	POSITIVE BEHAVIOR (1 HOUR)	ACCOM., MOD. & ADAPT. (1 HOUR)	READING (1 HOUR)	CULTURAL COMP. (5 HOURS)	OTHER HOURS
01/01/2021	B	Children's Mental Health		4						

MACS RELICENSURE COMMITTEE USE ONLY:

COMMITTEE SIGNATURE: _____ DATE: _____

Note: If completing this form electronically, please enter your full legal name.



RELICENSURE APPLICANT INFORMATION

APPLICANT NAME:			
SCHOOL NAME:			
FILE FOLDER #:	EXPIRATION DATE:	LICENSE TIER:	LICENSE AREA(S):
		<input type="checkbox"/> Tier 3 <input type="checkbox"/> Tier 4 <input type="checkbox"/> Administrator	

ACTIVITY DATE(S)	CATEGORY (A-I)	TITLE / DESCRIPTION	RECORD # OF HOURS – DO NOT USE CHECKMARKS							
			ENGLISH LEARNER NEEDS (1 HOUR)	MENTAL HEALTH (1 HOUR)	SUICIDE PREV. (1 HOUR)	POSITIVE BEHAVIOR (1 HOUR)	ACCOM., MOD. & ADAPT. (1 HOUR)	READING (1 HOUR)	CULTURAL COMP. (5 HOURS)	OTHER HOURS
01/01/2021	B	Children's Mental Health		4						
TOTAL CLOCK HOURS EARNED DURING RELICENSURE PERIOD (ADD UP EACH COLUMN):										

MACS RELICENSURE COMMITTEE USE ONLY:

COMMITTEE SIGNATURE: _____ DATE: _____

Note: If completing this form electronically, please enter your full legal name.

