



YALE PUBLIC SCHOOLS – RECORD OF CONTINUING EDUCATION CREDITS FOR SCHOOL ADMINISTRATORS

NAME OF ADMINISTRATOR: _____

SOCIAL SECURITY #: _____

NAME OF SCHOOL WHERE EMPLOYED: _____

_____ Holds a Michigan Administrator certificate with expiration date of: _____

_____ Does not hold a Valid Michigan Administrator certificate

Supervisor Name (Please type or print) _____
Supervisor Signature

Title _____
Date

This section to be completed by employed administrator	
NOTE: If a combination of SB-CEU's and semester hours are reported, the table below may be used to calculate the completion of continuing education requirements.	
NO. OF SEMESTER HOURS COMPLETED	BALANCE NEEDED IN SB-CEU'S
6 HRS	0 SB-CEU'S
5	3
4	6
3	9
2	12
1	15
0	18

In the spaces below, please provide complete information on the SEMESTER credit hours earned to satisfy the continuing education requirement

Number and Title of Courses	# Of Semester Credit Hrs	College/University (and address if out of state)	MM/DD/YY Of completion
TOTAL #. OF SEMESTER. HRS. EARNED			

In the spaces below, please provide complete information on the SB-CEU's earned to satisfy the continuing education requirement. This page may be duplicated if needed. **PLEASE TYPE OR PRINT.**

Title Of SB-CEU Program	Approval # Of SB-CEU Program <u>This must be completed</u>	# Of SB-CEU's Earned	Sponsoring Agency Of SB-CEU Program	Ending Date (MM/DD/YY) Of Program
TOTAL # OF SB-CEU'S				

Signature of Administrator

Date