TEACHER APPLICATION FOR CLOCK HOURS - RELICENSING
WHITE BEAR LAKE SCHOOL DISTRICT #624

Name _____.

Address _____.

Building _____ Home Phone _____.

Area(s) of Certification _____.

File Folder Number _____ Year License Expires _____.

Activity Course No., Workshop Title, Inservice Title, Travel, Other	Category Letter	Date	Credits or Total Hours	Number Clock Hours	Verification Form Incl Y/N	Approved Y/N

Please attach qualifying documents such as transcripts, statements, verification forms, etc.)

Relicensing Committee:

Total Clock Hours Approved _____ Date_____ Signature_____

This form indicates approval by local committee only. Upon completion of the required 125 clock hours, the Human Resources Licensing-Renewal Application Form must be signed by an authorized member of the committee before ***you*** renew on line with the State Department of Education. This form is available from this committee, on line, in the Human Resources Office, or in your building office.