

SB-CEU PARTICIPANT VERIFICATION FORM FOR ONLINE CLASSES

This form should be completed for eligible participants to receive State Board-Continuing Education Units (SB-CEUs) for participation in one of the following activities (please check one):

- Safe Schools
- Educational Issues
- Technology/Office Training

A completed copy of this form must be filed with the SB-CEU sponsor **no more than 30 calendar days after training is completed.**

(Type or Print)

Name: _____

District: _____

Email: _____

Beginning Date of training: _____ Completion Date: _____

Participant's Signature

Date

I certify the criteria to receive SB-CEUs for the above activity have been met.

SB-CEU Coordinator's Signature

Date

SB-CEU Program Approval Number

Number of SB-CEUs Awarded

A COMPLETED COPY OF THIS FORM SERVES AS VERIFICATION OF SB-CEUs

Advisory: It is a criminal offense to use or attempt to use a State Board of Education Continuing Education Unit (SB-CEU) transcript or certificate of completion that is fraudulently obtained, altered, or forged to obtain and/or maintain school administrator, teacher and/or school psychology certification or other State board approval.