

Lansing Community College
Continuing Education Department

Participant Information Form
State Continuing Education Clock Hours (SCECH)

Please print clearly

Program Title: _____

Start Date (mm/dd/yyyy) _____ **End Date (mm/dd/yyyy)** _____

Instructor Name(s): _____

Your Name _____

Mailing Address _____

City, State, Zip+4 _____

Telephone Number (Area Code - Number) _____ **Date of Birth** _____

School District and Building _____

Email address _____

MANDATORY: MUST be the same as SCR account email

PIC _____

MANDATORY: MDE-issued Personal Identification Code

Signature _____ **Date** _____

To Receive SCECH Credit - Return this *entire* completed form and signed *and* dated Course Log to the LCC SCECH Coordinator at the conclusion of the course. Failure to do so within 15 days of the end of the course may void your SCECHs. CEUs will be uploaded to the Secure Central Registry the week following the applicant's paperwork arrives.

Mail with Signed, Dated Course Log to

ATTN: Carolyn Dembowski, LCC SCECH
Coordinator
6000W – Continuing Education
Lansing Community College
PO Box 40010
Lansing, MI 48901-7210

dembowc1@lcc.edu

For SCECH Coordinator Use Only

Course Log Hours @ 24 +	Y	N
Progress Verified	Y	N
Final Exam \geq 80%	Y	N

Date Received _____

MDE Approval # _____

SCECH Earned _____

SCR Upload Date _____

Coordinator Initials _____

Date _____