

Resource Program Teacher Continuing Approval Checklist

Candidate's Last Name _____ First Name _____ MI _____

LEA Name: _____ ISD Name: _____

University/College: _____

Effective Date: _____ School Year: _____

• Yes • No	1. The candidate possesses a valid Michigan teaching certificate .
• Yes • No	2. I understand the candidate must be enrolled to complete an additional six semester or equivalent hours of credit toward full endorsement or approval between August 31 of the current school year and September 1 of the next school year.
• Yes • No	4. I understand a fee of \$50 must be paid by the employing district for all continuing temporary approvals in teaching positions (see Public Act 339 of the Public Acts of 1988). The continuing temporary approval will be issued once the fee has been paid.

Source: https://www.michigan.gov/mde/0,4615,7-140-6598_88188_40121---,00.html

Please email all required documents along with this signed checklist directly to specialeducationapprovals@resa.net

LEA/Employer Signature: _____ Date: _____