

## Kent ISD Payment Form

SCECH Approval #:  
SCECH Program Title:

Kent ISD PD Hub Course #:  
Kent ISD PD Hub Course Name:

Return payment and original signed SCECH application by:



### **Kent Intermediate School District**

Attn: PD Hub Department  
2930 Knapp, N.E.  
Grand Rapids, MI 49525  
(616-364-1333)

SCECH Online Course Payment Form (*Please **do not send cash** with this payment form.*)  
Payment and original application form (no copies, emailed copies or faxed copies) must arrive  
at the Kent ISD PD Hub Office by:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Payment Type

- Check # \_\_\_\_\_ (Make check payable to Kent ISD.)  
 VISA                       MASTERCARD                       DISCOVER

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Card Holder Address: \_\_\_\_\_

Card Holder Phone #: \_\_\_\_\_

**Total Cost: \$5.00** (*This is a \$5.00 nonrefundable fee.*)



# Kent Intermediate School District

2930 Knapp N.E., Grand Rapids, MI 49525

This SCECH application with \$5 application fee must be received by Kent ISD PD Hub Office on or before:

## SCECH PARTICIPANT ONLINE COURSE APPLICATION FORM PLEASE PRINT

*Incomplete / Illegible forms will not be processed.  
The \$5 application fee is non-refundable.*

Sponsor ID No. DO 41000

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Initial

\_\_\_\_\_  
Email Address

### To receive SCECH credit, I understand that I must meet the following requirements:

- ✓ Complete and return this original application form with a \$5 non-refundable application fee by the above due date. (Faxed, emailed or copies will not be accepted.)
- ✓ 100% attendance (required by MDE for SCECH programs) verified by the course facilitator.
  - Attendance cannot be made up. Failure to complete online attendance requirements will result in the loss of credit and the application fee.
- ✓ Complete any assignments by the due date.
- ✓ Complete the MDE online evaluation in the Secure Central Registry.

**I understand that failure to meet these requirements will result in loss of SCECH credit and the \$5 application fee.** I am eligible for either SCECHs or college credit, but not both because it is a duplication of credit.

### Participant's Signature

**PLEASE NOTE:** It is a criminal offense to use or attempt to use a State Board of Education Continuing Education Unit (SCECH) transcript or certificate of completion that is fraudulently obtained, altered, or forged to obtain and/or maintain school administrator, teacher and/or school psychologist certification or other State Board approval.

Program Approval # \_\_\_\_\_ SCECHs \_\_\_\_\_

Program Title \_\_\_\_\_

Begin Date \_\_\_\_\_ End Date \_\_\_\_\_

### Kent ISD Office Use Only - Do not write in this area.

Date payment was received at Kent ISD: \_\_\_\_\_ Kent ISD PD Course #:

Personal Ck# \_\_\_\_\_  VISA  MASTERCARD  DISCOVER

Cash                                      Credit Card Authorization Number: \_\_\_\_\_

Deposit Charge Code: SBCEU                      Name on Card: \_\_\_\_\_

Card Holder Address: \_\_\_\_\_

Date of Charge: \_\_\_\_\_ Zip Code: \_\_\_\_\_