



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION  
 Professional Certification  
 OLD CAPITOL BUILDING, PO BOX 47200  
 OLYMPIA WA 98504-7200  
 (360) 725-6400 TTY (360) 664-3631  
 Web Site: <http://www.k12.wa.us/cert/>  
 E-Mail: [cert@k12.wa.us](mailto:cert@k12.wa.us)

## Continuing Education Clock Hour Credit INSERVICE REGISTRATION

Use this form to verify your attendance at an approved clock hour offering outlined in Section II below. This form must be retained by the individual as verification of attendance. It is the individual's responsibility to maintain accurate records for compliance with certification regulations. **DO NOT USE THIS FORM IF YOU ARE RECEIVING COLLEGE CREDIT FOR THIS INSERVICE PROGRAM. PLEASE PRINT AND USE PEN ONLY.**

### SECTION I - INFORMATION - PARTICIPANT

LEGAL NAME (Last, First, Middle)			MAIDEN OR FORMER NAME		
DATE OF BIRTH (m, d, y)	SOCIAL SECURITY NO. (Optional)	WASHINGTON CERTIFICATE NUMBER	(Optional)	<input type="checkbox"/>	Female
				<input type="checkbox"/>	Male
HOME ADDRESS (Street, City, State, Zip Code)			TELEPHONE NUMBER		
			HOME (        )		
			BUSINESS (        )		

### SECTION II - INSERVICE PROVIDER - CLOCK HOURS

TITLE OF INSERVICE OFFERING <b>2019 CCTS Transition Forum</b>		
TOTAL NUMBER OF CLOCK HOURS AVAILABLE FOR INSERVICE OFFERING <b>9 Hours</b>	FIRST DAY OF INSERVICE <b>6/24/19</b>	LAST DAY OF INSERVICE <b>6/25/19</b>
Is this STEM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes how many hours? _____	
Is this TPEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes how many hours? _____	
SPONSORING PROVIDER NAME (AGENCY GRANTING CLOCK HOURS)		BUSINESS TELEPHONE NUMBER (        )
PROVIDER ADDRESS		
SPONSORING PROVIDER INSERVICE CONTACT PERSON		TELEPHONE NUMBER (        )

### SECTION III - AFFIDAVIT - PARTICIPANT

I, \_\_\_\_\_, swear/affirm that I earned \_\_\_\_\_ clock hours for actual attendance at this inservice. I am not applying for college/university credit for this program. Also,

I, \_\_\_\_\_, certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. The intentional misrepresentation of a material fact in this form subjects the holder to revocation of his/her certificate pursuant to chapter 181-85 WAC. This form should be retained by the holder for possible dispute (WAC 181-85-085).

\_\_\_\_\_ Date

Original Signature of Participant

### SECTION IV - INSERVICE PROVIDER - VERIFICATION

When signed by the approved inservice provider, this form serves as a transcript or letter documenting eligible credits as required for salary purposes by WAC 392-121-280(3).

\_\_\_\_\_ Date

Original Signature of Inservice Provider or Designee