



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Certification
 OLD CAPITOL BUILDING, PO BOX 47200
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<http://www.k12.wa.us/cert/> E-Mail:
 cert@k12.wa.us

Continuing Education Clock Hour Credit INSERVICE REGISTRATION 2020-2021

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 Staff Technology Training 2020-2021 (SW202101)		
TOTAL NUMBER OF CLOCK HOURS AVAILABLE FOR INSERVICE OFFERING 3-50	FIRST DAY OF INSERVICE 08/31/20	LAST DAY OF INSERVICE 7/31/21
Is this STEM? <input type="checkbox"/> Yes <input 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) South Whidbey School District		BUSINESS TELEPHONE NUMBER (360) 221-6100
PROVIDER ADDRESS 5520 Maxwellton Road, Langley WA 98260 - Location SWHS Instructor: Val Brown and Sue Ann Brewer		
SPONSORING PROVIDER INSERVICE CONTACT PERSON James Swanson		TELEPHONE NUMBER (360) 221-4300

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).

Original Signature of Participant _____
Date

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).

Original Signature of Inservice Provider or Designee _____
Date