

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

**Continuing Education Clock Hour Credit** 

## **INSERVICE REGISTRATION 2019-2020**

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.

LEGAL NAME (Last, First, Middle)			MAIDEN OR FORMER NAME			
ATE OF BIRTH (m, d, y)	SOCIAL SECURITY NO. (Optional)	WASHINGTON CERTI	FICATE NUMBER		(Optional)	Female Male
HOME ADDRESS (Street, City, State, Zip Code)		<u> </u>	TELEPHONE NUMBE	ER		
			HOME (	)		
			BUSINESS (	)		
			,	,		
SECTION II - INSER\	/ICE PROVIDER - CLOCK HOUR	s				
TITLE OF INSERVICE OFFERING						
OTAL NUMBER OF CLOCK HOU	RS AVAILABLE FOR INSERVICE OFFERING	FIRST DA	AY OF INSERVICE	LAS	ST DAY OF INSER	RVICE
TO THE NOTIFIE OF SECOND CONTROL OF THE NAME OF THE NA			BAT ST INSERTIGE			
Is this STEM?	Yes No If yes how ma	anv hours?				
In this TDED2						
Is this TPEP?				BUSINESS TELEPHONE NUMBER		
	(102.10)			(	)	JNL NOMBLIX
SPONSORING PROVIDER INSER\	VICE CONTACT PERSON			TEL	EPHONE NUMBE	R
SECTION III - AFFID	AVIT - PARTICIPANT			1 '	·	
1	awa.	or/offices that I care	and .		alaak baura	for actual
	, swea rvice. I am not applying for college/un				CIOCK HOUIS	ioi actuai
I,	, cert	ify (or declare) un	der penalty of pe	erjury unde	r the laws of	the State
of Washington that the	e foregoing is true and correct. The intendence of his/her certificate pursuant to chap	entional misrepres	sentation of a ma	aterial fact	in this form	subjects
Origin	al Signature of Participant				Date	
SECTION IV - INSER	VICE PROVIDER - VERIFICATIO	N				
	oproved inservice provider, this form seposes by WAC 392-121-280(3).	erves as a transcri	pt or letter docu	menting el	igible credits	as
Original Signat	ure of Inservice Provider or Designee				Date	