

College of Education  
Continuing Education Clock Hours  
Certified In-service Registration

Use this form to verify your attendance at the in-service 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 will receive college credit for this in-service program. **CLOCK HOURS ARE NOT EARNED UNTIL THIS FORM AND CLOCK HOUR PAYMENT IS RECEIVED BY WASHINGTON STATE UNIVERSITY CLOCK HOUR OFFICE. ONCE PAYMENT IS RECEIVED, SECTION IV OF THIS FORM WILL BE SIGNED BY THE PROVIDER.** Please print legibly and use blue or black ink only. Make checks payable to WSU Clock Hours.

SECTION I – PARTICIPANT INFORMATION

LEGAL LAST NAME	FIRST NAME	MIDDLE INITIAL	MAIDEN OR FORMER NAME(S)
HOME MAILING ADDRESS		HOME PHONE	
CITY	STATE	ZIP	
WASHINGTON CERTIFICATE #	DATE OF BIRTH (month, day, year)	LAST 4 DIGITS OF YOUR SOCIAL SECURITY NUMBER (Only needed if you did not provide your cert #)	

SECTION II – INSERVICE PROVIDER/CLOCK HOUR INFORMATION

TITLE OF INSERVICE OFFERING PLTW Core Training- Principles of Biomedical Sciences		
START DATE July 25, 2016	END DATE August 5, 2016	INSTRUCTOR/PRESENTER(S) Multiple Instructors
# OF CLOCK HOURS AVAILABLE 80	CLOCK HOUR FEE \$160.00	PROGRAM CATALOG # 080516B

SECTION III – PARTICIPANT AFFIDAVIT

I swear/affirm that I earned  clock hours for actual attendance at this in-service. I am not applying for college/university credit for this program. 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 WAC 180-85. This form should be retained by the holder for possible dispute (WAC 180-85-085).

Original Signature of Participant

Date

SECTION IV – INSERVICE PROVIDER VERIFICATION

When signed by the approved in-service provider (WSU), this form serves as a transcript or letter documenting eligible credits as required for salary purposes by WAC 392-121-280(2).

Ashley Herridge, Clock Hour Registrar

Date

SECTION V – PARTICIPANT PAYMENT INFORMATION

Make checks payable to WSU Clock Hours

Check #:	Amount:	Date Received:
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