

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

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.

BATE OF BIRTH (in. d. y) SOCIAL SECURITY NO. (Outlone) WASHINGTON CERTIFICATE NUMBER HOME () BUSINESS () SECTION II - INSERVICE PROVIDER - CLOCK HOURS TILLEPHONE NUMBER HOME () BUSINESS () SECTION II - INSERVICE PROVIDER - CLOCK HOURS TILLEPHONE NUMBER HOME () BUSINESS () SECTION III - INSERVICE PROVIDER - CLOCK HOURS TILLEPHONE NUMBER HOME () BUSINESS () SECTION III - INSERVICE PROVIDER - CLOCK HOURS TILLEPHONE NUMBER OF INSERVICE COFFERING TRIST DAY OF INSERVICE LAST	SECTION I - INFORMA	ATION - PARTICIPANT							
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FORM SPI 1125 (Rev. 1/18) Check#: _____ Amount: _____ Date Received: _____