



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.

SECTION I - INFORMATION - PARTICIPANT

LEGAL NAME (Last, First, Middle) Jane Doe		MAIDEN OR FORMER NAME Smith	
DATE OF BIRTH (m, d, y) 11/11/1111	SOCIAL SECURITY NO. (Optional) XXXXXXXXXXXXXXXXXXXX	WASHINGTON CERTIFICATE NUMBER 111111G	(Optional) X Female X Male
HOME ADDRESS (Street, City, State, Zip Code) 11 WSU Cougar Way Pullman, WA 99164		TELEPHONE NUMBER HOME (509) 555-5555 BUSINESS (509) 555-5556	

SECTION II - INSERVICE PROVIDER - CLOCK HOURS

TITLE OF INSERVICE OFFERING PLTW Human Body Systems - 061419T		
TOTAL NUMBER OF CLOCK HOURS AVAILABLE FOR INSERVICE OFFERING 80	FIRST DAY OF INSERVICE 6/3/19	LAST DAY OF INSERVICE 6/14/19
Is this STEM? <input checked="" 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) Washington State University College of Education		BUSINESS TELEPHONE NUMBER (509-335-4855) 509-335-4855
PROVIDER ADDRESS PO Box 642152 Pullman, WA 99164-2152		
SPONSORING PROVIDER INSERVICE CONTACT PERSON Ashley Herridge		TELEPHONE NUMBER (509-335-4855) 509-335-4855

SECTION III - AFFIDAVIT - PARTICIPANT

I, Jane Doe, swear/affirm that I earned 80 clock hours for actual attendance at this inservice. I am not applying for college/university credit for this program. Also, I, Jane Doe, 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).

Jane Doe
Digitally signed by Jane Doe
 DN: cn=Jane Doe, o=WSU, ou, email=jane.doe@wsu.edu, c=US
 Date: 2019.07.25 10:06:00 -0700
 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).

7/25/19
Date

Original Signature of Inservice Provider or Designee