



Continuing Education Clock Hour Credit INSERVICE REGISTRATION 2021-2022

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 | | |
| TOTAL NUMBER OF CLOCK HOURS AVAILABLE FOR INSERVICE OFFERING | FIRST DAY OF INSERVICE | LAST DAY OF INSERVICE |
| Is this STEM? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, how many hours? | |
| SPONSORING PROVIDER NAME (AGENCY GRANTING CLOCK HOURS) | BUSINESS TELEPHONE NUMBER () | |
| PROVIDER ADDRESS | | |
| SPONSORING PROVIDER INSERVICE CONTACT PERSON | TELEPHONE NUMBER () | |

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