

Clock hours: \$3/per hour, minimum of \$20.  
 All forms must be received by SU within 90 days of course end date.



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION  
 Professional Education and 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@ospi.wednet.edu](mailto:cert@ospi.wednet.edu)

**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 NO 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) XXX-XX-XXXX	WASHINGTON CERTIFICATE NUMBER	(Optional)	Female	
HOME ADDRESS (Street, City, State, Zip Code)			TELEPHONE NUMBER		
E-MAIL ADDRESS:			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
SPONSORING PROVIDER NAME (AGENCY GRANTING CLOCK HOURS) Seattle University - College of Education		BUSINESS TELEPHONE NUMBER ( 206 ) 296-2147
PROVIDER ADDRESS 901 12th Avenue, PO BOX 222000, Seattle, WA 98122-1090		
SPONSORING PROVIDER INSERVICE CONTACT PERSON Julie Kang, Ph.D., NBCT, Director of Professional and Continuing Education		TELEPHONE NUMBER ( 206 ) 296-2147

**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 law 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 180-85 WAC. 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 inservice provider, this form serves as a transcript of letter documenting eligible credits as required for salary purposes by WAC 392-121-280(3).

\_\_\_\_\_  
Original Signature of Inservice Provider or Designee

**Julie Kang, Ph.D., NBCT**  
**Seattle University**

\_\_\_\_\_  
Date