



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION  
 Professional Certification  
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## CONTINUING EDUCATION CREDIT HOURS (CLOCK HOURS) PROFESSIONAL GROWTH TEAM MEMBER

Use this form to verify consultation and collaboration as a certified member of a colleague's professional growth plan. The team member shall receive the equivalent of three continuing education credit hours (clock hours), up to a total of six continuing education credit hours (clock hours) per calendar year.

### WAC 181-85-033(1)

Notwithstanding any provision of this chapter to the contrary, for consultation and collaboration as a member of an approved professional growth team, as defined by WAC 181-78A-010 and 181-79A-030, members of a professional growth team, excluding the candidate, shall receive the equivalent of three continuing education credit hours. The team member may not receive more than the equivalent of six continuing education credit hours, as defined by this section, during a calendar year period.

### SECTION I

TO BE COMPLETED BY APPLICANT					
1. NAME	LAST	FIRST	MIDDLE	MAIDEN/FORMER NAME	
2. ADDRESS				3. DATE OF BIRTH	
CITY/STATE/ZIP				4. SOCIAL SECURITY NO. (OPTIONAL)	
5. TELEPHONE:				6. E-MAIL	
BUSINESS (      )			HOME (      )		

### AFFIDAVIT – TEAM MEMBER (APPLICANT)

I, \_\_\_\_\_, swear/affirm that I have supported the following candidate \_\_\_\_\_ as a member of his/her approved professional growth team, as defined by WAC 181-79A-030.

  
  

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.

  
  
  

\_\_\_\_\_

Original Signature of Participant \_\_\_\_\_  
 Date

Individuals completing this form earn the clock hours above and retain this form as documentation of hours earned.