



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Certification
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PROFESSIONAL GROWTH TEAM CONSULTATION AND COLLABORATION

Use this form to verify consultation and collaboration as a member of an approved professional growth team for a candidate in a professional administrator or educational staff associate program. 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 Continuing education credit hour—Definition—Professional growth team consultation and collaboration—School accreditation site visit team participation—National Board for Professional Teaching Standards assessment—Supervisors—First peoples' language, culture and oral tribal traditions.

(1) Notwithstanding any provisions 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

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. WA CERT NO.	7. E-MAIL
BUSINESS	HOME			

AFFIDAVIT—TEAM MEMBER

I, _____, swear/affirm that I have supported the following Professional Certification candidate _____ as a member of his/her approved professional growth team, as defined by WAC 181-85-033 and WAC 180-78A-505, and that consensus was reached on the content of the candidate's Professional Growth Plan on _____ (date).

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 180-85 WAC.

Original Signature of Participant

Date

SECTION II

TO BE COMPLETED BY COLLEGE/UNIVERSITY

This statement **MUST** be prepared by the college/university where the professional certificate candidate's records are maintained. When signed by the college/university representative, this form serves as documentation the person listed in Section I was a member of a professional growth team, as defined by WAC 180-78A-010 and WAC 180-78A-505 and shall receive the equivalent of three continuing education clock hours. Stamped signatures **MUST** be initialed by the individual using the stamp. Please give this form, with Section II completed, directly to the professional growth team member.

NAME OF COLLEGE/UNIVERSITY		DATE
ADDRESS	CITY/STATE/ZIP	TELEPHONE
NAME (PRINTED)	SIGNATURE AND TITLE (Chairperson of Education Department/Certification Officer or Designee)	EMAIL

Individuals completing this form earn the hours when Section II is completed and retain this form as documentation of the hours earned.