



**CONTINUING EDUCATION CREDIT HOURS (CLOCK HOURS)
 SUPERVISOR OF TRAINING**

Use this form to verify continuing education credit hours (clock hours) earned through WAC 181-85-033 (4).

WAC 181-85-033(4) Mentors and field experience supervisors.

(4) Individuals officially designated as a mentor or field experience supervisor by a PESB approved educator preparation program, college or university, school district, educational service district, approved private school, tribal compact school, approved charter school, a state agency providing educational services to students, or the superintendent of public instruction, who hold a valid educational certificate under RCW 28A.410.010. are eligible for the equivalent of thirty continuing education credit hours for service. The service must be a mentor or field experience supervisor for teachers, administrators, educational staff associates, paraeducators, or interns or candidates, in these roles. The individual may not receive more that the equivalent of thirty continuing education credit hours under this subsection during a school 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 NUMBER (optional)	
5. TELEPHONE:			6. E-MAIL	
BUSINESS		HOME		
7. Title of Inservice Offering _____				
8. PERIOD DURING WHICH CLOCK HOURS WERE EARNED: _____ TO _____				
<input type="checkbox"/> "Supervisor" (per WAC 181-85-033(4)) for _____ continuing education credits (clock hours) (not more than 30 per school year)				
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 _____

SECTION II

TO BE COMPLETED BY INSTITUTION/EMPLOYER

This statement MUST be prepared by the college/school district/approved private school/agency authorized to verify continuing education credit hours (clock hours) per WAC 181-85-033, as claimed by the applicant in Section I item #8 above. When signed by the authorized institution/employer, this form serves as verification that the person listed in Section I completed the requirement or provided documentation for the clock hours as claimed. Stamped signatures MUST be initialed by the individual using the stamp. Please give this form, with Section II completed, directly to the applicant.

NAME OF INSTITUTION/EMPLOYER		DATE
ADDRESS	CITY/STATE/ZIP	TELEPHONE
NAME (PRINTED)	SIGNATURE AND TITLE (Employer/Designee)	E-MAIL