



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Certification
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CONTINUING EDUCATION CREDIT HOURS (CLOCK HOURS) FUNDAMENTAL COURSE OF STUDY

Use this form to verify continuing education credit hours (clock hours) for completing units of the Fundamental Course of Study (FCS) or completing the entire course.

WAC 181-85-033(11) Individuals who complete the Paraeducator Fundamental Course of Study as described in chapter 179-09 WAC are eligible for the number of continuing education credit hours completed up to twenty-eight continuing education credit hours unless they are issued these continuing education credit hours by a state-approved in-service education agency.

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: BUSINESS	HOME	6. E-MAIL:	
7. PERIOD DURING WHICH CLOCK HOURS WERE EARNED: _____ TO _____			
Check the FCS units completed during this period, or check that you have completed the FCS.			
<input type="checkbox"/> FCS01: Introduction to Cultural Identity and Diversity		<input type="checkbox"/> FCS07: Behavior management strategies including de-escalation techniques	
<input type="checkbox"/> FCS02: Methods of Educational and Instructional Support		<input type="checkbox"/> FCS08: Child and Adolescent Development	
<input type="checkbox"/> FCS03: Technology Basics		<input type="checkbox"/> FCS09: Emergency and Health Safety	
<input type="checkbox"/> FCS04: Using and Collecting Data		<input type="checkbox"/> FCS10: Positive and Safe Learning Environment	
<input type="checkbox"/> FCS05: District Orientation of Roles and Responsibilities		<input type="checkbox"/> FCS11: Communication Basics	
<input type="checkbox"/> FCS06: Equity		<input type="checkbox"/> FCS12: Communication Challenges	
<input type="checkbox"/> If checked, the individual above has completed all units as required to meet the FCS training.			
I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.			
Signature: _____		Date: _____	

SECTION 2

TO BE COMPLETED BY PROVIDER/DISTRICT		
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 #7 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. <u>Please give this form, with Section II completed, directly to the applicant.</u>		
NAME OF INSTITUTION/EMPLOYER:	DATE:	
ADDRESS:	CITY/STATE/ZIP:	TELEPHONE:
NAME (PRINTED):	SIGNATURE AND TITLE	E-MAIL: