



CONTINUING EDUCATION CREDIT HOURS (CLOCK HOURS) NATIONAL BOARD ASSESSMENT/CERTIFICATION

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

WAC 180-85-033(4)(a)

Individuals who submitted at least one component of an initial NBPTS national board certification process in 2017 or earlier, and who hold a valid educational certificate pursuant to RCW 28A.410.010, are eligible for the equivalent of forty-five continuing education credit hours for submission of a complete portfolio of four components for the National Board for Professional Teaching Standards certification process. Completion of a national board certification process shall be defined as published by the professional educator standards board. Upon achieving national board certification, the individual is eligible for the equivalent of an additional forty-five continuing education credit hours for a total of ninety continuing education credit hours per national board certificate. Beginning January 1, 2022, all individuals submitting complete components as part of an initial NBPTS national board certification process are eligible for continuing education credit hours as described in WAC 181-85-033 (4)(b).

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	
8. Did the candidate or NBCT submit their first National Board component of the portfolio in 2017 or earlier? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, continue with the form. If no, see form 1128-3.			
<input type="checkbox"/> NBPTS Assessment (per WAC 181-85-033(4)) for <u>45</u> continuing education credits (clock hours) (must verify completion of assessment center and portfolio submission)			
<input type="checkbox"/> NBPTS Completion (per WAC 181-85-033(4)) for <u>45</u> continuing education credits (clock hours) (attach NBPTS documentation or copy of certificate)			
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. <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 (Employer/Designee)	E-MAIL