



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION  
 Professional Certification  
 Old Capitol Building, PO BOX 47200  
 OLYMPIA, WA 98504-7200  
 (360) 725-6400 TTY (360) 664-3631  
 Web Site: <http://www.k12.wa.us/certification/>  
 E-Mail: [cert@k12.wa.us](mailto:cert@k12.wa.us)

## CONTINUING EDUCATION CREDIT HOURS (CLOCK HOURS) PROTEACH PORTFOLIO EXTERNAL ASSESSMENT

Use this form to verify continuing education credit hours (clock hours) earned through WAC 181-85-033 (5).

### WAC 181-85-033(5)

(5) Teachers who achieve the professional certification through the external assessment per WAC 181-79A-206 will receive the equivalent of one hundred fifty continuing education credit hours (clock hours).

### 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: BUSINESS (        )			6. E-MAIL	
<p>8. The individual indicated above has successfully completed the ProTeach Portfolio external assessment. An individual completing this form needs to retain, in their files, documentation of passing scores for the ProTeach Portfolio external assessment. The individual shall receive the equivalent of one hundred fifty (150) clock hours (continuing education credit hours (clock hours)) by signing the affidavit below.</p> <p>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.</p>				
_____ Original Signature of Participant			_____ Date	

The ProTeach clock hours are **not** applicable toward the renewal requirement needed once an individual applies for and is issued their professional certificate.

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