



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Certification
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CONTINUING EDUCATION CREDIT HOURS (CLOCK HOURS) OF TRAINING SERVING IN A SCHOOL ACCREDITATION SITE VISIT TEAM

Use this form to verify continuing education credit hours (clock hours) earned through WAC 181-85-033(2).

WAC 181-85-033(2)

(2) A person holding a valid educational certificate pursuant to RCW 28A.410.010 shall receive the equivalent of ten continuing education credit hours for serving on a school accreditation site visit team. The person may not receive more than the equivalent of twenty continuing education credit hours during a calendar 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: BUSINESS ()			6. E-MAIL	
HOME ()				
8. PERIOD DURING WHICH CLOCK HOURS WERE EARNED: _____ TO _____				
<input type="checkbox"/> Serving on a school accreditation site visit team per WAC 181-85-033(2) for _____ continuing education credits (clock hours) (not more than 2 x 10 or 20 per 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(2), 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