



**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 180-85-033(4)

(4) Field experience supervisors and mentors.

(a) Individuals officially designated as a supervisor by a college or university, school district, educational service district, an approved private school, a state agency providing educational services to students or the superintendent of public instruction, a person holding a valid educational certificate under [RCW 28A.410.010](#) is eligible for the equivalent of thirty continuing education credit hours for service as a supervisor. The person may not receive more than the equivalent of thirty continuing education credit hours during a school year period.

(b) The term "supervisor" shall mean individuals officially designated as a supervisor or mentor by a college/university, school district, educational service district, an approved private school, a state agency providing educational services to students, or the office of superintendent of public instruction for supervising the training of teacher interns, administrative interns, educational staff associate interns, and paraprofessionals.

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			6. E-MAIL
7.		HOME			
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