

WASHINGTON STATE CLOCK HOUR REGISTRATION FORM

This form will verify your attendance at the in-service/workshop/conference offering outlined in Section II below. It will be used to document attendance for potential movement on the LEAP schedule and for the 150-clock hour requirement. Clock hours can only be used for certification if you already hold a continuing certificate. **This form must be retained by the individual as verification of attendance.** It is the individual's responsibility to maintain accurate records for compliance with certification regulations. (Do not use this form if you are enrolling in this class/workshop for college credit)

SECTION I - PARTICIPANT INFORMATION		Please Print and Use Dark Pen Only	
Legal Name: (Last, First, Middle)		(Maiden or Former Name)	
Home Address: (Street, PO Box)		(City, State, Zip)	
Work Location	Date of Birth (M/D/Y)	Contact Phone	Receipt #

SECTION II - WORKSHOP INFORMATION			
Class/Workshop Title		Instructor Name	
		Ed2go Online Courses through Sky Valley Community Schools	
In-service #	Dates of Class (Completion Date)	Clock Hours - 24 12 lessons-2 lessons/week (2 clock hours earned per lesson)	Clock Hour Provider
01-009			Monroe School District

SECTION III – AFFIDAVIT	
<p>I, _____, swear/affirm that I earned <u>24</u> clock hours for actual attendance at this workshop. <i>I am not applying for college/university credit for this class/workshop.</i> 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 material fact in this form subjects the holder to revocation of his/her certificate pursuant to Chapter 180-85 WAC.</p>	
_____ Signature of Participant	\$ <u>87.00</u> Amount Paid for Clock Hours
	_____ Date

SECTION IV – VERIFICATION	
When signed by approved workshop sponsor or instructor at closing of the in-service/workshop/conference, this form documents eligible credits as required by WAC 392-121-280(2).	
Signature of Workshop Sponsor or Instructor	Date:

Clock Hour Request Approval Form for Salary Increments

State Defined Criteria: In compliance with Engrossed Substitute House Bill 1410, Chapter 18, Laws of 1995 and WAC 392-121-262, the credits earned by certificated instructional staff after September 1, 1995 shall be counted towards allocations **only** if the content of the course(s) meets any one or more of the following:

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|--|---|
| <p>A. <u>School-based plan</u> in which the individual is <u>assigned</u>; or</p> <p>B. <u>Current assignment</u> or <u>expected assignment</u> for the subsequent school year; or</p> | <p>C. <u>Obtaining an endorsement</u>; or</p> <p>D. <u>Obtaining advanced levels of certification</u>; or</p> <p>E. <u>Degree program</u></p> |
|--|---|

Employee Signature: _____	Date: _____	Criteria _____ (Write Criteria letter here)
Personnel Signature: _____	Date: _____	Approval ___ Yes ___ No
		Criteria changed to _____