



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION  
 Professional Certification  
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 Web Site: <http://www.k12.wa.us/cert/>  
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**Continuing Education Clock Hour Credit  
 INSERVICE REGISTRATION 2020-2021**

Use this form to verify your attendance at an approved clock hour offering outlined in Section II below. 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 RECEIVING COLLEGE CREDIT FOR THIS INSERVICE PROGRAM. PLEASE PRINT AND USE PEN ONLY.**

**SECTION I - INFORMATION - PARTICIPANT**

LEGAL NAME (Last, First, Middle)			MAIDEN OR FORMER NAME	
DATE OF BIRTH (m, d, y)	SOCIAL SECURITY NO. (Optional)	WASHINGTON CERTIFICATE NUMBER	(Optional)	Female Male
HOME ADDRESS (Street, City, State, Zip Code)		TELEPHONE NUMBER HOME (     ) BUSINESS (     )		

**SECTION II - INSERVICE PROVIDER - CLOCK HOURS**

TITLE OF INSERVICE OFFERING		
TOTAL NUMBER OF CLOCK HOURS AVAILABLE FOR INSERVICE OFFERING	FIRST DAY OF INSERVICE	LAST DAY OF INSERVICE
Is this STEM? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes how many hours? _____	
Is this TPEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes how many hours? _____	
SPONSORING PROVIDER NAME (AGENCY GRANTING CLOCK HOURS) Washington State Association of School Psychologists		BUSINESS TELEPHONE NUMBER ( 509 ) 724-1587
PROVIDER ADDRESS 816 W. Francis Ave. #214 Spokane, WA 99205		
SPONSORING PROVIDER INSERVICE CONTACT PERSON Susan Ruby		TELEPHONE NUMBER ( 509 ) 359-6050

**SECTION III - AFFIDAVIT - PARTICIPANT**

I, \_\_\_\_\_, swear/affirm that I earned \_\_\_\_\_ clock hours for actual attendance at this inservice. I am not applying for college/university credit for this program. Also,

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. This form should be retained by the holder for possible dispute (WAC 181-85-085).

\_\_\_\_\_ Date \_\_\_\_\_  
 Original Signature of Participant

**SECTION IV - INSERVICE PROVIDER - VERIFICATION**

When signed by the approved inservice provider, this form serves as a transcript or letter documenting eligible credits as required for salary purposes by WAC 392-121-280(3).

*Amanda fleck*  
 \_\_\_\_\_ Date \_\_\_\_\_  
 Original Signature of Inservice Provider or Designee