

INSERVICE REGISTRATION

Continuing Education Clock Hour Credit

When signed by the inservice provider in Section IV, this verifies your attendance at the inservice program in Section II. A copy of this form must be retained by the participant as verification of attendance. It is the participant's responsibility to maintain accurate records for compliance with certification requirements. DO NOT use this form if you will receive college/university credit for this inservice program.

← COMPLETE SECTIONS I & III. PLEASE PRINT AND USE PEN ONLY.

← SECTION I: Participant Information

Full Legal Name (Last, First, & Middle)		Maiden/Former Name	Washington Certificate No.
Date of Birth (m/d/y) / /	Social Security No. (Optional)	(Optional) <input type="checkbox"/> Female <input type="checkbox"/> Male	Work Location (School Name)
Home Address Street City State Zip			Phone (Include Area Code) Work Home

SECTION II: Clock Hour/Provider Information

Title of Inservice Program School Improvement Planning and Professional Learning Communities		Date(s) of Inservice Aug 29th 2019 - June 19th 2020	
Name of Instructor – Varies		Location SWSD	Inservice No. 192005
Sponsoring Provider JAMES SWANSON	Facilitator/Contact Person James Swanson		Clock Hrs. Available 75

← SECTION III: Participant Affidavit ** Number of clock hours to be filled in after completion of all sessions.*

I, (print name) _____ 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/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 180-85 WAC. This form should be retained by the holder for possible dispute (WAC 180-85-085).

_____ Date

Original Signature of Participant

For office use:

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(2).

Per Attendance Sheet - _____ Date _____
 Original Signature of Inservice Provider/Designee