



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION  
 Professional Education and Certification  
 OLD CAPITOL BUILDING, PO BOX 47200  
 OLYMPIA WA 98504-7200  
 (360) 725-6400 TTY (360) 684-3631  
 Web Site: <http://www.k12.wa.us/cert/>

**Continuing Education Clock Hour Credit  
 INSERVICE REGISTRATION**

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)	<input type="checkbox"/>	Female
				<input type="checkbox"/>	Male
HOME ADDRESS (Street, City, State, Zip Code)			TELEPHONE NUMBER		
			HOME (        )		
			BUSINESS (        )		

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

TITLE OF INSERVICE OFFERING CATCH THE INFORMATION EXPRESS!		
TOTAL NUMBER OF CLOCK HOURS AVAILABLE FOR INSERVICE OFFERING 7.5 clock hours for one day OR 15 clock hours for two	FIRST DAY OF INSERVICE October 8, 2009	LAST DAY OF INSERVICE October 10, 2009
SPONSORING PROVIDER NAME (AGENCY GRANTING CLOCK HOURS) Antioch University Seattle, School of Education		BUSINESS TELEPHONE NUMBER ( 206 ) 268-4600
PROVIDER ADDRESS 2326 Sixth Avenue, Seattle, WA 98121		
SPONSORING PROVIDER INSERVICE CONTACT PERSON Rita Hunter, Certification Officer		TELEPHONE NUMBER ( 206 ) 268-4606

**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 180-85 WAC. This form should be retained by the holder for possible dispute (WAC 180-85-085).

\_\_\_\_\_ 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(2).

\_\_\_\_\_ Date

Original Signature of Inservice Provider or Designee