



PO Box 1600 ● Anacortes, WA 98221 ● 360-825-1415

WASHINGTON STATE CLOCK HOUR REGISTRATION FORM

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 PROGRAM.

PARTICIPANTS MUST SIGN THE CLOCK HOUR ATTENDANCE LIST IN ORDER TO RECEIVE CLOCK HOURS.

Section 1 - Information - Participant			Please Print and Use Pen
Only			
Legal Name (Last, First, Middle)		Maiden or Former Name	
Date of Birth (m,d,y)	Social Security No. (optional)	Washington Certificate No.	(optional) <input type="checkbox"/> Female <input type="checkbox"/> Male
Home Address (Street, City, State, Zip Code)		Telephone Numbers	
		Home	
		Business	

Section II - Clock Hour Provider		
Clock Hour Class Title: S-275 Personnel Reporting Workshop		Name of Instructors: Laura Bradburn, Meredith Colvin
Total Number of Clock Hours Available 7	First Day of Class/Offering 10/10/2018	Last Day of Class/Offering 10/10/2018
Sponsoring Provider Name (Agency Granting Clock Hours) Washington School Personnel Association		Business Telephone Number 360-825-1415
Provider Address PO Box 1600 Anacortes, WA 98221		
Sponsoring Provider Contact Person Jennifer Tottenham, Program Coordinator		Telephone Number 360-825-1415

Section III - Affidavit of Participant	
<p>I, _____, swear/affirm that I earned _____ clock hours for actual attendance at the above Clock Hour Class Title. I am not applying for college/university credit for this program. I also 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 181-85 WAC.</p>	
<p>_____</p> <p style="text-align: center;">Original Signature of Participant</p>	<p>_____</p> <p style="text-align: center;">Date</p>

Section IV - Clock Hour Provider - Verification	
<p>When signed by the approved class sponsor or instructor, this form serves as a transcript or letter documenting eligible credits as required by WAC 392-121-280(3).</p>	
<p></p> <p>_____</p> <p style="text-align: center;">Original Signature of Class Sponsor/Instructor</p>	<p style="text-align: right; margin-bottom: 5px;"><u>10/10/2018</u></p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Date</p>

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