NINE MILE FALLS SCHOOL DISTRICT 325/179
CREDIT APPROVAL FORM

Application to Apply Credits Earned to the Nine Mile Falls School District's Salary Schedule

Credits and clock hours earned by certificated staff shall count only if the content of the course meets one or more of the State-defined criteria listed in Section IV below. It is necessary to complete this form and establish eligibility before any credits can be accepted for District salary placement. A separate form is required for each transcript or clock hour activity (RCW 28A.415.023).

Section I – Employee Requesting Salary Schedule Placement

Name_____ School_____
　　　　　(Last, First, Middle)

Section II – College Credits / Clock Hours

1) Course(s) Title_____

2) Credit Provider_____
　　　　　(Must be an accredited College, University, or approved Clock Hour Provider)

3) Date Awarded_____Number of Hours or Credits_____

Section III – Certification   *(State-defined criteria must meet one or more of the following):*
I hereby certify that the content of the course(s) in which the above-described credits or clock hours were earned is:

☐ Consistent with a school-based plan for mastery of student learning goals for the school in which I am assigned;
☐ Pertinent to my current assignment or expected assignment for the following school year;
☐ Necessary for obtaining an endorsement as prescribed by the Washington Professional Educator Standards Board;
☐ Specifically required for obtaining advanced levels of certification;
☐ Included in a college or university degree program that pertains to my current assignment, or potential future assignment, as certificated instructional staff; or
☐ Addressed in research-based assessment and instructional strategies for students with dyslexia, dysgraphia, and language disabilities when addressing learning goal one as applicable and appropriate for individual certificated instructional staff.

Section IV – Course Description and Justification to Meet Objectives

Course Description: _____
_____

How does the course meet the criteria checked above?_____
_____

_____　　　　　_____
Employee's Signature　　　　Date　　　　Supervisor's Signature　　　　Date

_____
Director of Learning Signature　　　　Date