



Continuing Education Clock Hours  
And/or  
Vocational Clock Hour Credit  
**Certificated Inservice Registration**

Use this form to verify your attendance at the inservice offering outlined in Section II below. A copy of 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. This form must be submitted to Human Resources for salary improvements DO NOT USE THIS FORM IF YOU WILL RECEIVE COLLEGE CREDIT FOR THIS INSERVICE PROGRAM. You must also sign a workshop attendance form for each day of the workshop. Please print and use ink only.

### SECTION I — PARTICIPANT INFORMATION

LEGAL NAME (LAST, FIRST, MIDDLE)		MAIDEN OR FORMER NAME	
DATE OF BIRTH (M/D/Y)	SOC. SEC. NO. (OPTIONAL)	WASHINGTON CERTIFICATE NO.	(OPTIONAL) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
HOME ADDRESS		PHONE (INCLUDING AREA CODE)	
STREET		HOME (     )	
CITY	STATE	ZIP	WORK (     )
NAME OF EMPLOYER/DISTRICT			

### SECTION II — WORKSHOP INFORMATION – CLOCK HOURS

WORKSHOP TITLE	WORKSHOP NO.	WORKSHOP DATE	LOCATION
NAME OF INSTRUCTOR		Clock Hours:	
SPONSORING AGENCY		STEM _____	TPEP _____
		OTHER _____	TOTAL _____

### SECTION III — PARTICIPANT AFFIDAVIT

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

\_\_\_\_\_  
ORIGINAL SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE

### SECTION IV — WORKSHOP 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)

\_\_\_\_\_  
ORIGINAL SIGNATURE OF PROVIDER OR DESIGNEE

\_\_\_\_\_  
DATE