


****Clock Hour fee is \$2/hr, minimum \$15. Fee for 22 hours is \$44, payable by check to Seattle University****

Please submit completed form and check at registration table on last day of conference or mail check and form to address below in Section II.

	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) 664-3631 Web site: http://www.k12.wa.us/cert/ E-Mail: cert@ospi.wednet.edu
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 NO 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)	Female	
				Male	
HOME ADDRESS (Street, City, State, Zip Code)			TELEPHONE NUMBER		
			HOME ()		
			BUSINESS ()		
E-MAIL ADDRESS:					

SECTION II – INSERVICE PROVIDER – CLOCK HOURS

TITLE OF INSERVICE OFFERING		
Just Sustainability: Hope for the Commons		
TOTAL NUMBER OF CLOCK HOURS AVAILABLE FOR INSERVICE OFFERING	FIRST DAY OF INSERVICE	LAST DAY OF INSERVICE
22 hours	8/7/2014	8/9/2014
SPONSORING PROVIDER NAME (AGENCY GRANTING CLOCK HOURS)		BUSINESS TELEPHONE NUMBER
Seattle University - College of Education		(206) 296-2147
PROVIDER ADDRESS		
901 12th Avenue, PO BOX 222000, Seattle, WA 98122-1090		
SPONSORING PROVIDER INSERVICE CONTACT PERSON		TELEPHONE NUMBER
Bob Hughes, Ed.D./Associate Dean		(206) 296-2147

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 law 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 of letter documenting eligible credits as required for salary purposes by WAC 392-121-280(3).

_____ **Bob Hughes, Ed.D.** _____
Seattle University Date

Original Signature of Inservice Provider or Designee