

MOUNT VERNON SCHOOL DISTRICT #320

124 East Lawrence Street Mount Vernon, WA 98273 360-428-6110

Continuing Education Clock Hours and/or Vocational Clock Hour Credit INSERVICE REGISTRATION and EVALUATION

Use this form to verify your attendance at an approved clock hour offering outlined in Section II below. A copy of this completed form <u>must</u> 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 RECEIVE 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:			
DOB: (m/d/y)	WASHINGTON CERTIFICATE NO:	SOCIAL SECURITY N (Optional)	NO:	GENDER: (Op Female) Male	WORK LOCATION:
HOME ADDRESS:				PHONE		
				HOME:		
				BUSINESS:		

SECTION II - INSERVICE PROVIDER - CLOCK HOURS

TITLE OF INSERVICE OFFERING:				
NAME OF INSTRUCTOR:	DATE OF INSERVICE:			
SPONSORING PROVIDER NAME:	BUSINESS OFFICE:			
MOUNT VERNON SCHOOL DISTRICT	360-428-6110			

SECTION III – AFFIDAVIT – 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)

Original Signature of In-service Provider or Designee

Date