

Request for Clock Hours

Clock hours are granted by NWESD upon receipt of request form and full payment within ninety (90) days of the inservice end date.

Section I – Participant Information

| | | | | |
|-------------------------------|----------|------------|-----------------------|----------------|
| LEGAL LAST NAME | | FIRST NAME | | MIDDLE INITIAL |
| WASHINGTON CERTIFICATE NUMBER | | | MAIDEN OR FORMER NAME | |
| MAILING ADDRESS | | | HOME EMAIL | |
| CITY | STATE | ZIP | WORK EMAIL | |
| SCHOOL | DISTRICT | | HOME PHONE | WORK PHONE |

Section II – Inservice Information

| | | | | |
|---|----------------------------|---------------------------|--------------------------------|--|
| TITLE OF INSERVICE Assessing Student Threats in the School | | | INSERVICE ID NUMBER 32448 | |
| DATE(S) 3/28/2018 | AVAILABLE CLOCK HOURS 7 | CLOCK HOUR FEE \$19.00 | PRESENTER(S) John Van Dreal | |

Section III – Participant’s Affidavit

CLOCK HOUR CREDITS** **MINIMUM OF THREE (3) CLOCK HOURS REQUIRED PER WAC 181-85-030(6).

I, the participant registered above, 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 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. **This form should be retained by holder (WAC 181-85-085).**

| | |
|-----------------------------------|--------------|
| ORIGINAL SIGNATURE OF PARTICIPANT | TODAY’S DATE |
|-----------------------------------|--------------|

Section IV – Instructor Verification of Attendance

Upon payment and signed approval, this form serves as a temporary transcript documenting eligible credits as required for salary purposes by WAC 392-121-280(2) until official transcripts are issued by NWESD.

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|--|--------------|
| ORIGINAL SIGNATURE OF INSTRUCTOR OR DESIGNEE | TODAY’S DATE |
|--|--------------|

Section V – Participant Payment Information

Clock hour fee is not prorated for partial attendance. Make checks and purchase orders payable to NWESD in the amount of \$19.00

| | |
|---|------------------|
| CHECK # | PURCHASE ORDER # |
| DISTRICT OR AGENCY ISSUING PURCHASE ORDER | |

CASH PAYMENTS NOT ACCEPTED

Credit Card Payment

| | |
|--------------------------------------|-----------------|
| CREDIT CARD NUMBER | EXPIRATION DATE |
| NAME ON CARD (PLEASE PRINT) | |
| BILLING ADDRESS ASSOCIATED WITH CARD | |
| AUTHORIZED SIGNATURE | |



For Official Use Only

| |
|--------------------|
| CC Processed _____ |
| Rcpt # _____ |
| Date Mailed _____ |