

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. Forms received subsequent to 90 days after inservice end date will be returned as ineligible.

Section I – Participant Information

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

Section II – Inservice Information

TITLE OF INSERVICE TPEP Student Growth Planning & Implementation			INSERVICE ID NUMBER 30479	
DATE(S) 10/10/13, 12/03/13, 02/13/14, 04/17/14	AVAILABLE CLOCK HOURS 22	CLOCK HOUR FEE \$49.00	PRESENTER(S) Kathy Shoop	

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
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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.

ORIGINAL SIGNATURE OF INSTRUCTOR OR DESIGNEE	TODAY'S DATE
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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 \$49.00

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 _____

Due to the cost of issuing refund checks, overpayments exceeding the published fee by \$5 or less will be retained and considered a donation to support general operations.

(ADM-608)