

OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
Professional 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@k12.wa.us

**Continuing Education Clock Hour Credit** 

## **INSERVICE REGISTRATION 2019-2020**

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 NOT USE THIS FORM IF YOU ARE RECEIVING COLLEGE CREDIT FOR THIS INSERVICE PROGRAM. PLEASE PRINT AND USE PEN ONLY.

LEGAL NAME (Last, First, Middle)			MAII	DEN OR FORM	ER NAME		
DATE OF BIRTH (m, d, y)	SOCIAL SECURITY NO. (Optional)	WASHINGTON CERT	  IFICATE NUMBER		(Optional)	Female Male	
HOME ADDRESS (Street, City, Sta		TELEPHONE NUME	BER	I			
			HOME (	)			
			BUSINESS (	)			
			,	,			
SECTION II - INSER	VICE PROVIDER - CLOCK HOU	IRS					
TITLE OF INSERVICE OFFERING							
TOTAL NUMBER OF CLOCK HOL	IRS AVAILABLE FOR INSERVICE OFFERING (6 ho	ours/dav) FIRST D	AY OF INSERVICE	17	AST DAY OF INSE	RVICE	
			7.1. 01 11.1021.11.102				
Is this STEM?	Yes X No If yes how i	many hours?		'			
Is this TPEP?	Yes X No If yes how i	many hours?					
SPONSORING PROVIDER NAME		BUSINESS TELEPHONE NUMBER					
International Institute for Restorative Practices (IIRP) PROVIDER ADDRESS				(	( 610 )807-9221		
SPONSORING PROVIDER INSERVICE CONTACT PERSON  Valerie Bloom				( 267 ) 454-1139			
	AVIT - PARTICIPANT				, -		
I,attendance at this inse	, sw ervice. I am not applying for college/u	ear/affirm that I ear	ned this program Δ	leo	_ clock hours	for actua	
					or the laws o	f the State	
	e foregoing is true and correct. The i						
the holder to revocation	on of his/her certificate pursuant to ch	•				-	
possible dispute (WA	C 181-85-085).						
Origin	nal Signature of Participant				Date		
SECTION IV - INSER	RVICE PROVIDER - VERIFICATI	ON					
	pproved inservice provider, this form poses by WAC 392-121-280(3).	serves as a transcr	ipt or letter docu	umenting e	eligible credit	s as	
roquired for saidify pur	posso by Willo 002-121-200(0).						
Original Signature of Inservice Provider or Designee				Date			