

OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION Certification 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/certification/ E-Mail: cert@k12.wa.us

## **CONTINUING EDUCATION CREDIT HOURS (CLOCK HOURS)** SUPERVISOR OF TRAINING

Use this form to verify continuing education credit hours earned through WAC 181-85-033 (3).

## WAC 181-85-033(3)

- (3) (a) Notwithstanding any provisions of this chapter to the contrary, individuals officially designated as a supervisor by a college/university, school district, educational service district, an approved private school, a state agency providing educational services to students or the superintendent of public instruction, a person holding a valid educational certificate pursuant to RCW 28A.410.010 shall receive the equivalent of ten continuing education credit hours for service as a supervisor. The person may not receive more than the equivalent of twenty continuing education credit hours during a calendar year period.
- (b) The term "supervisor" shall mean individuals officially designated as a supervisor by a college/university, school district, educational service district, an approved private school, a state agency providing educational services to students, or the office of superintendent of public instruction for supervising the training of teacher interns, administrative interns, educational staff associate interns, and paraprofessionals.

SECTION									
TO BE COMPLETED BY APPLICANT									
1. NAME	LAST	FIRST		MIDDLE		MAIDEN/FORMER NAME			
2. ADDRESS						3. DATE OF BIRTH			
CITY/STATE/ZIP						SOCIAL SECURITY NUMBER (optional)			
5. TELEPHONE:						6. E-MAIL			
BUSINESS (	)	HOME (	)						
8. PERIOD DU	JRING WHICH	CLOCK HOURS WERE	EARNED:			то			
Supervisor" (per WAC 181-85-033(3)) for continuing education credits (not more than 2 x 10 or 20 per year)									
I,									
Original Signal	ature of Participa	ant				Date			

## TO BE COMPLETED BY INSTITUTION/EMPLOYER

This statement MUST be prepared by the college/school district/approved private school/agency authorized to verify continuing education credit hours per WAC 181-85-033, as claimed by the applicant in Section I item #8 above. When signed by the authorized institution/employer, this form serves as verification that the person listed in Section I completed the requirement or provided documentation for the clock hours as claimed. Stamped signatures MUST be initialed by the individual using the stamp. Please give this form, with Section II completed, directly to the applicant.

NAME OF INSTITUTION/EMPLOYER	DATE	
ADDRESS	CITY/STATE/ZIP	TELEPHONE
NAME (PRINTED)	SIGNATURE AND TITLE (Employer/Designee)	E-MAIL