



CONTINUING EDUCATION CREDIT HOURS (CLOCK HOURS)

Use this form to verify continuing education credit hours earned through WAC 180-85-033 (3) thru (5).

WAC 180-85-033

(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.

(4) A person holding a valid educational certificate pursuant to RCW 28A.410.010 shall receive the equivalent of forty-five continuing education credit hours for completion of an assessment process as part of the National Board for Professional Teaching Standards certificate application. Upon achieving National Board certification, the individual shall receive the equivalent of an additional forty-five continuing education credit hours for a total of ninety continuing education credit hours per National Board certificate.

(5) Notwithstanding any provisions of this chapter to the contrary, for designing and completing a professional growth plan under the professional growth plan pilot program administered by the superintendent of public instruction, participants of such pilot program shall receive the equivalent of up to thirty continuing education credit hours, as defined by this section, during a calendar year period.

SECTION I

TO BE COMPLETED BY APPLICANT

1. NAME LAST FIRST MIDDLE	MAIDEN/FORMER NAME
2. ADDRESS	3. DATE OF BIRTH
CITY/STATE/ZIP	4. SOCIAL SECURITY NUMBER (optional)
5. TELEPHONE: BUSINESS () HOME ()	6. E-MAIL
8. PERIOD DURING WHICH CLOCK HOURS WERE EARNED: _____ TO _____ <input type="checkbox"/> "Supervisor" (per WAC 180-85-033(3)) for _____ continuing education credits (not more than 2 x 10 or 20 per year) <input type="checkbox"/> NBPTS Assessment (per WAC 180-85-033(4)) for <u>45</u> continuing education credits (must verify completion of assessment center and portfolio submission) <input type="checkbox"/> NBPTS Completion (per WAC 180-85-033(4)) for <u>45</u> continuing education credits (attach NBPTS documentation or copy of certificate) <input type="checkbox"/> Professional Growth Plan (per WAC 180-85-033(4)) for _____ continuing education credits (attach completed PGP documentation) 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 180-85 WAC.	
Original Signature of Participant	Date

SECTION II

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 180-85-033, 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



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Education and Certification
 Old Capitol Building, PO BOX 47200
 OLYMPIA WA 98504-7200
 (360) 725-6400 TTY (360) 664-3631 FAX (360) 586-0145
 Web Site: <http://www.k12.wa.us/cert/>
 E-Mail: cert@ospi.wednet.edu

APPLICATION FOR WASHINGTON STATE PROFESSIONAL TEACHING CERTIFICATION RENEWAL

Please complete the following questions and sign the affidavit.

See attached schedule for appropriate fee amount to submit with your application materials to the local ESD.

1. NAME	LAST	FIRST	MIDDLE	MAIDEN/FORMER NAME
2. ADDRESS				3. DATE OF BIRTH
CITY/STATE/ZIP				4. SOCIAL SECURITY NO. (OPTIONAL)
5. TELEPHONE: BUSINESS ()				6. E-MAIL
HOME ()				
7. CERTIFICATE NUMBER				

- | | | | |
|--|--------------------------|-----|--------------------------|
| | | YES | NO |
| 8. Have you held an educational certificate in another state? If yes, and if you do not hold a currently valid Washington certificate, complete FORM SPI/CERT 4020C. | <input type="checkbox"/> | | <input type="checkbox"/> |
| 9. In lieu of the hours needed for renewal I am attaching a copy of my valid National Board for Professional Teaching Standards (NBPTS) certificate. | <input type="checkbox"/> | | <input type="checkbox"/> |
10. It is your responsibility to maintain records that document compliance with the continuing education requirements. **DO NOT** attach those records to this application. Professional Education and Certification will request those records if needed.
1. Complete the information on the application, including name, current address, and certificate number.
 2. List all continuing education (approved clock hour inservice, college credit, and Washington technical college clock hours) taken for renewal of your professional certificate. When listing the hours taken, list the actual number of hours received and be sure to indicate whether the offering was in clock hours, quarter hours, or semester hours.
 3. When listing the provider of the inservice offering, be sure to list the agency that granted you clock hours, quarter hours, or semester hours. Do not list the instructor, place of offering, etc.
 4. Sign and date the affidavit section at the bottom of the form.

THIS FORM MUST BE INCLUDED IN THE APPLICATION PACKET - ATTACH YOUR CHECK TO THIS FORM

APPLICATIONS THAT ARE RECEIVED THAT DO NOT INCLUDE ALL OF THE REQUESTED MATERIALS WILL BE RETURNED TO THE APPLICANT.

For Professional Education and Certification Use Only

Type of Cert. Issued			Endorsement	Mailed:
Approved by	Date	State		Issued:
Materials Sent:				Codes:

One hundred fifty continuing education credit clock hours as defined in chapter 180-85 WAC since the certificate was issued. All continuing education credit hours shall relate to either (a) or (b) below. Both categories (a) and (b) must be represented.

- (a) One or more of standards 1–3: 1. Effective instruction; 2. Leadership; or 3. Professional development.
- (b) One or more of standards 4–8: 4. Consistent with a school-based plan for mastery of student learning goals; 5. pertains to the individual’s current assignment or expected assignment for the coming year; 6. is necessary to obtain an endorsement; 7. is specifically required to obtain advanced levels of certification; 8. is included in a college or university degree program that pertains to the individual’s current assignment or potential future assignment, as a certificated instructional staff.

In the space below an individual must list: all of the classes which comprise the 150 clock hours (or equivalent), the provider from which the study was taken, the date completed, the number of credit hours received for the class, the type of hours, and the standards being met by each course. An individual must verify that at least one of standards **1–3** and one of standards **4–8** are represented.

CLASS TITLE	PROVIDER	DATE COMPLETED	NUMBER OF HOURS	C - CLOCK Q - QUARTER S - SEMESTER Circle One:	IDENTIFY STANDARDS MET (SEE 1-8 ABOVE)
				C Q S	
				C Q S	
				C Q S	
				C Q S	
				C Q S	
				C Q S	
				C Q S	
				C Q S	
				C Q S	

Additional entries, attach additional page.

AFFIDAVIT

I, _____, certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing and all information included in this application is true and correct. If the answers to any question on the application or the moral character and personal fitness section on the application change prior to my being granted certification, I must immediately notify Professional Education and Certification at OSPI.

Signature

Date

City/State