

THIS IS FOR YOUR RECORDS. PLEASE DO NOT RETURN TO AWSP.



# 2023-24 WASHINGTON STATE APPROVED CLOCK HOUR OFFERING

Use this form to verify your attendance at the in-service offering outlined in Section II below. This form must be retained by the individual as verification of the attendance. It is the individual's responsibility to maintain accurate records for compliance with certification regulations. It is also the individual's responsibility to enter this information in the electronic certification system (EDS). This can be done at [www.esd.ospi.k12.wa.us](http://www.esd.ospi.k12.wa.us). **Do not use this form if you will receive college credit for this in-service program.**

## SECTION I – INFORMATION – PARTICIPANT

LEGAL NAME (Last, First, Middle):	MAIDEN OR FORMER NAME:
ADDRESS (Street, City, State, ZIP):	WASHINGTON CERTIFICATE NUMBER:

## SECTION II – IN-SERVICE PROVIDER – CLOCK HOURS

TITLE OF IN-SERVICE OFFERING		
TOTAL NUMBER OF CLOCK HOURS AVAILABLE FOR IN-SERVICE OFFERING	FIRST DAY OF IN-SERVICE	LAST DAY OF IN-SERVICE
SPONSORING PROVIDER NAME (AGENCY GRANTING CLOCK HOURS) <b>Association of Washington School Principals</b>		BUSINESS PHONE: <b>(360) 357-7951</b>
PROVIDER ADDRESS <b>1021 8th Avenue SE, Olympia, WA 98501-1500</b>		
SPONSORING PROVIDER IN-SERVICE CONTACT PERSON <b>Jack Arend, Deputy Director, AWSP</b>		PHONE: <b>(360) 357-7951</b>
THIS OFFERING MEETS THE FOLLOWING CERTIFICATION REQUIREMENTS AT THE NUMBER OF HOURS LISTED BELOW: <b>General Study (Other): _____ hrs      Equity: _____ hrs      Leadership: _____ hrs</b>		

## SECTION III – AFFIDAVIT – PARTICIPANT

I, \_\_\_\_\_, swear/affirm that I earned \_\_\_\_\_ clock hours for actual attendance at this in-service. I am not applying for college/university credit for this program.

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. This form should be retained by the holder for possible dispute (WAC 180-85-085).

\_\_\_\_\_  
ORIGINAL SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE

## SECTION IV – IN-SERVICE PROVIDER – VERIFICATION

When signed by the approved in-service provider, this form serves as a transcript or letter documenting eligible credits as required for salary purposes by WAC 392-121-280(2).

\_\_\_\_\_  
ORIGINAL SIGNATURE OF IN-SERVICE PROVIDER OR DESIGNEE

\_\_\_\_\_  
DATE