MEMORANDUM

To: Clock Hour Participants “SEA Discovery Center Summer Lecture Series”
From: Extended Education
Subject: Procedures to Obtain WWU Clock Hours

Thank you for participating in our clock hour approved class. Due to requirements imposed by both the state and the university, our procedure for verification of clock hours may be quite different from those you may have encountered elsewhere. Please follow our procedures as outlined below:

1. **COMPLETE THE EVALUATION FORM** provided. The evaluation is an integral part of the Clock Hour approval process, and required by the State of Washington.

2. **Fill out the Attendance Clock Hour Log** provided. The attendance sheet must be signed in order to receive verification for each clock hour claimed.

3. **Fill in Sections I and III** of the In-Service Registration form. Please fill in your teaching certificate number in the appropriate box. Your instructor does not sign Section IV or accept your registration form, evaluation, or check. Please mail to WWU, address provided in step 4.

   **Cost:** $5.00 registration fee per class + $2.50 per clock hour claimed. You may request a minimum of three (3) clock hours to the maximum number offered for any given class.

4. **Mail your registration**, evaluation and check to:
   
   Clock Hours, EE, WWU Cashier
   516 High Street, Mail Stop 9102
   Bellingham, WA 98225

5. **Clock hour paperwork must be received by the granting institution within six months of the conclusion of the training event. Paperwork received after the deadline will be returned unprocessed.**

6. Extended Education will return your completed registration form after payment has been submitted within 21 days.

If you need further assistance or have any questions, please contact Extended Ed. at (360) 650-3308.
MEMORANDUM

To: Participants in “SEA Discovery Center Summer Lecture Series”

From: Extended Education

Date: July 11 - August 29, 2018

Subject: Evaluation of WWU Clock Hour Class

The evaluation of this class by participants desiring Clock Hours is required by the State of Washington as an integral part of the in-service approval process. Its purpose is to assess the success of the program and to seek ways we can make it better. Your comments are reviewed by the designated administrator, and instructor, and are also reported to our advisory board.

Please comment below. (Use the back side if more space is needed.)

1. The extent to which the written objectives have been met:

2. The quality of the physical facilities in which the program was offered:

3. The quality of the oral presentation by each instructor:

4. The quality of the written program materials provided by each instructor:

5. Suggestions for improving the in-service education program if repeated:

PLEASE MAIL THIS FORM ALONG WITH YOUR REGISTRATION AND PAYMENT
CLOCK HOUR LOG

SEA Discovery Center Summer Lecture Series

Use this form to verify the time spent in each session/scenario of the approved clock hour offering. This form **must** be an accurate record of the sessions in which you participated. Please print!

LEGAL NAME: ______________________________________________________________________
**(Please print LAST, FIRST, MIDDLE)**

Washington Certificate #: ____________________  School: _____________________________

WWU Student #: _____________________________  E-Mail Address: ______________________
**(if applicable)**

<table>
<thead>
<tr>
<th>Date</th>
<th>Session Title</th>
<th>Discussion Topic</th>
<th>Total Hours</th>
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Total Available Hours: 3 - 8 hours

Total Hours Attended: ____________

Your signature below is verification that the above log is a true and accurate account of your session participation.

Participant’s Signature ____________________________________  Date: ______________________

Amount Charged: $2.50 x # of total hours ________ = $ ____________

Registration Fee: $5.00

Total Amount Enclosed: $ ____________

Payment Method:  
☐ Check (payable to WWU)  ☐ Visa/MasterCard  ☐ Cash

Card Number: ___________________________  Expiration Date: ____/____

Cardholder’s Name: ____________________________

Cardholder’s Signature: ____________________________

Attention Cashier’s Office: 1 / FSPD / G105 / EPDCLK

Description Line: Last Name, First Name – EPDCLK
**Please send original clock hour paperwork to MS – 9102 with receipt attached.**

Extended Education Signature

*Mail completed forms and payment to: EE, WWU Cashier 516 High Street, MS – 9004 Bellingham, WA 98225*  
*or, fax to: (360) 788-0854*
Continuing Education Clock Hour Credit

INSERVICE REGISTRATION

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.

SECTION I – INFORMATION – PARTICIPANT

<table>
<thead>
<tr>
<th>LEGAL NAME (Last, First, Middle)</th>
<th>MAIDEN OR FORMER NAME</th>
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<tr>
<th>DATE OF BIRTH (m, d, y)</th>
<th>WASHINGTON STATE CERTIFICATE NO.</th>
<th>OTHER CERTIFICATE / LICENSE NO.</th>
<th>(Optional)</th>
<th>Female</th>
<th>Male</th>
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<thead>
<tr>
<th>HOME ADDRESS (Street, City, State, Zip Code)</th>
<th>TELEPHONE NUMBER</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>HOME (__)</td>
</tr>
<tr>
<td></td>
<td>BUSINESS (__)</td>
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</tbody>
</table>

SECTION II – INSERVICE PROVIDER – CLOCK HOURS

<table>
<thead>
<tr>
<th>TITLE OF INSERVICE OFFERING</th>
<th>TOTAL NUMBER OF CLOCK HOURS AVAILABLE FOR INSERVICE OFFERING</th>
<th>FIRST DAY OF INSERVICE</th>
<th>LAST DAY OF INSERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working with Support Staff</td>
<td>Three (3)</td>
<td>February 23, 2018</td>
<td>February 23, 2018</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>SPONSORING PROVIDER NAME (AGENCY GRANTING CLOCK HOURS)</th>
<th>BUSINESS TELEPHONE NUMBER</th>
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<tbody>
<tr>
<td>Western Washington University, Extended Education</td>
<td>( 360 ) 650-3308</td>
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<tr>
<th>PROVIDER ADDRESS</th>
<th>TELEPHONE NUMBER</th>
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<tbody>
<tr>
<td>516 High Street, MS 9102 Bellingham, WA 98225</td>
<td>( 360 ) 650-7780</td>
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<thead>
<tr>
<th>SPONSORING PROVIDER INSERVICE CONTACT PERSON</th>
<th>TELEPHONE NUMBER</th>
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</thead>
<tbody>
<tr>
<td>Jenny K. Hebert</td>
<td></td>
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</tbody>
</table>

SECTION III – AFFIDAVIT – PARTICIPANT

I, ______________________________, swear/affirm that I earned Three (3) 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 the holder for possible dispute (WAC 181-85-085).

_____________________________          ______________________________
Original Signature of Participant          Date

SECTION IV – INSERVICE PROVIDER – VERIFICATION

When signed by the approved inservice provider, this form serves as a transcript or letter documenting eligible credits as required for salary purposes by WAC 392-121-280(3).

_____________________________          ______________________________
Jenny K. Hebert, Original Signature of EE In-service Provider or Designee          Date