



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/certification/>
 E-Mail: cert@k12.wa.us

CONTINUING EDUCATION CREDIT HOURS (CLOCK HOURS) PROTEACH PORTFOLIO EXTERNAL ASSESSMENT

Use this form to verify continuing education credit hours earned through WAC 181-85-033 (5).

WAC 181-85-033(5)

(5) Teachers who achieve the professional certification through the external assessment per WAC 181-79A-206 will receive the equivalent of one hundred fifty continuing education credit hours.

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:			6. E-MAIL	
BUSINESS ()		HOME ()		
<p>8. The individual indicated above has successfully completed the ProTeach Portfolio external assessment. An individual completing this form needs to retain, in their files, documentation of passing scores for the ProTeach Portfolio external assessment. The individual shall receive the equivalent of one hundred fifty (150) clock hours (continuing education credit hours) by signing the affidavit below.</p> <p>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.</p>				
<hr style="border: none; border-top: 1px solid black;"/> Original Signature of Participant			<hr style="border: none; border-top: 1px solid black;"/> Date	