



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Certification
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PROFESSIONAL GROWTH TEAM CONSULTATION AND COLLABORATION

Use this form to verify consultation and collaboration as a member of an approved professional growth team. The team member shall receive the equivalent of ten continuing education credit hours (clock hours), up to a total of 20 continuing education credit hours (clock hours) per calendar year.

WAC 180-85-033 Continuing education credit hour—Definition—Professional growth team consultation and collaboration. Notwithstanding any provisions of this chapter to the contrary, for consultation and collaboration as a member of an approved professional growth team, as defined by WAC 180-78A-010 and WAC 180-78A-505, members of a professional growth team, excluding the candidate, shall receive the equivalent of ten continuing education credit hours. **The team member may not receive more than the equivalent of 20 continuing education credit hours, as defined by the section, during a calendar year period.**

SECTION I

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. WA CERT NO.	7. E-MAIL
			HOME ()	

AFFIDAVIT—TEAM MEMBER

I, _____, swear/affirm that I have supported the following Professional Certification candidate _____ as a member of his/her approved professional growth team, as defined by WAC 180-78A-010 and WAC 180-78A-505, and that consensus was reached on the content of the candidate's Professional Growth Plan on _____ (date).

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 180-85 WAC.

_____ Date _____

Original Signature of Participant

SECTION II

TO BE COMPLETED BY COLLEGE/UNIVERSITY		
This statement MUST be prepared by the college/university where the professional certificate candidate's records are maintained. When signed by the college/university representative, this form serves as documentation the person listed in Section I was a member of a professional growth team, as defined by WAC 180-78A-010 and WAC 180-78A-505 and shall receive the equivalent of ten continuing education credit hours. Stamped signatures MUST be initialed by the individual using the stamp. <u>Please give this form, with Section II completed, directly to the professional growth team member.</u>		
NAME OF COLLEGE/UNIVERSITY	DATE	
ADDRESS	CITY/STATE/ZIP	TELEPHONE
NAME (PRINTED)	SIGNATURE AND TITLE (Chairperson of Education Department/Certification Officer or Designee)	EMAIL