



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION

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

Form with fields for: 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, HOME), 6. WA CERT NO., 7. E-MAIL

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.

Original Signature of Participant

Date

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. Please give this form, with Section II completed, directly to the professional growth team member.

Form with fields for: NAME OF COLLEGE/UNIVERSITY, DATE, ADDRESS, CITY/STATE/ZIP, TELEPHONE, NAME (PRINTED), SIGNATURE AND TITLE (Chairperson of Education Department/Certification Officer or Designee), EMAIL