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)

Use this form to verify continuing education credit hours earned through participation in RCW 28A.415.020(6):

In-service training or continuing education in first peoples' language, culture, or oral tribal traditions provided by a sovereign tribal government participating in the Washington state first peoples' language, culture, and oral tribal traditions teacher certification program authorized under RCW 28A.410.045 shall be considered approved in-service training or approved continuing education under this section and RCW 28A.415.023.

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: BUSINESS ( ) HOME ( )	6. E-MAIL

8.

PERIOD DURING WHICH CLOCK HOURS WERE EARNED: _____ **TO** _____

☐ Inservice training for _____ continuing education credits

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.

_____ _____
Original Signature of Participant Date

SECTION II

TO BE COMPLETED BY SOVEREIGN TRIBAL GOVERNMENT

This statement MUST be prepared by the sovereign tribal government authorized to verify continuing education credit hours, as claimed by the applicant in Section I item #8 above. When signed by the authorized sovereign tribal government, this form serves as verification that the person listed in Section I completed the requirement or provided documentation for the clock hours as claimed. Stamped signatures MUST be initialed by the individual using the stamp. Please give this form, with Section II completed, directly to the applicant.

NAME OF SOVEREIGN TRIBE		DATE
ADDRESS	CITY/STATE/ZIP	TELEPHONE
NAME (PRINTED)	SIGNATURE AND TITLE	E-MAIL