

OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
Professional Certification
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## **ESA CLOCK HOUR VERIFICATION**

1. NAME	LAST	FIRST	MIDDLE	5. MAIDEN/FORMER NAME
2. ADDRESS				6. DATE OF BIRTH
3. CITY/STATE/ZIP				7. SOCIAL SECURITY NO. (OPTIONAL)
4. TELEPHONE:				8. CERTIFICATION NO.
BUSINESS (	)	HOME (	)	
				9. E-MAIL
use credits or c	clock hours that satis	sfy the continuing education r	equirements for the	that educational staff associates may eir state professional licensure, if any, e Washington Administrative Code.
		ete the following and return the crificate Report of Clock Hou		essional Certification office of OSPI 1211.
Specify Type of	f License		Licer	nse Number
			Date Original Lice	ense Issued
		С	urrent License Exp	iration Date
		State	e in Which License	was Issued
the continui misrepreser	ng education requirentation of a material 1-85 WAC. A copy	e classes listed on my report to ements for the state profession	for Washington Sta onal license (listed a holder to revocatio	n of his/her certificate pursuant to
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	_	Signature		Date
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