

**CONTINUING EDUCATION CREDIT HOURS (CLOCK HOURS)  
SUPERVISOR OF TRAINING**

Use this form to verify continuing education credit hours earned through WAC 181-85-033 (3).

**WAC 181-85-033(3)**

(3) (a) Notwithstanding any provisions of this chapter to the contrary, individuals officially designated as a supervisor by a college/university, school district, educational service district, an approved private school, a state agency providing educational services to students or the superintendent of public instruction, a person holding a valid educational certificate pursuant to RCW 28A.410.010 shall receive the equivalent of ten continuing education credit hours for service as a supervisor. The person may not receive more than the equivalent of twenty continuing education credit hours during a calendar year period.

(b) The term "supervisor" shall mean individuals officially designated as a supervisor by a college/university, school district, educational service district, an approved private school, a state agency providing educational services to students, or the office of superintendent of public instruction for supervising the training of teacher interns, administrative interns, educational staff associate interns, and paraprofessionals.

**SECTION I****TO BE COMPLETED BY APPLICANT**

1. NAME LAST FIRST MIDDLE	MAIDEN/FORMER NAME
2. ADDRESS  CITY/STATE/ZIP	3. DATE OF BIRTH
5. TELEPHONE: BUSINESS ( ) HOME ( )	4. SOCIAL SECURITY NUMBER (optional)
	6. E-MAIL

8. PERIOD DURING WHICH CLOCK HOURS WERE EARNED: \_\_\_\_\_ TO \_\_\_\_\_  
☐ "Supervisor" (per WAC 181-85-033(3)) for \_\_\_\_\_ continuing education credits (not more than 2 x 10 or 20 per year)

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 INSTITUTION/EMPLOYER**

This statement MUST be prepared by the college/school district/approved private school/agency authorized to verify continuing education credit hours per WAC 181-85-033, as claimed by the applicant in Section I item #8 above. When signed by the authorized institution/employer, 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 INSTITUTION/EMPLOYER	DATE
ADDRESS  CITY/STATE/ZIP	TELEPHONE
NAME (PRINTED)	SIGNATURE AND TITLE (Employer/Designee)
	E-MAIL