



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION  
 Professional Certification  
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## Continuing Education Clock Hour Credit INSERVICE REGISTRATION 2019-2020

Use this form to verify your attendance at an approved clock hour offering outlined in Section II below. This form must be retained by the individual as verification of attendance. It is the individual's responsibility to maintain accurate records for compliance with certification regulations. **DO NOT USE THIS FORM IF YOU ARE RECEIVING COLLEGE CREDIT FOR THIS INSERVICE PROGRAM. PLEASE PRINT AND USE PEN ONLY.**

### SECTION I - INFORMATION - PARTICIPANT

LEGAL NAME (Last, First, Middle)			MAIDEN OR FORMER NAME	
DATE OF BIRTH (m, d, y)	SOCIAL SECURITY NO. (Optional)	WASHINGTON CERTIFICATE NUMBER	(Optional)	Fernette Male
HOME ADDRESS (Street, City, State, Zip Code)			TELEPHONE NUMBER	
			HOME (     )	
			BUSINESS (     )	

### SECTION II - INSERVICE PROVIDER - CLOCK HOURS

TITLE OF INSERVICE OFFERING		
Dyslexia for Teachers		
TOTAL NUMBER OF CLOCK HOURS AVAILABLE FOR INSERVICE OFFERING		
30	FIRST DAY OF INSERVICE	LAST DAY OF INSERVICE
Is this STEM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      If yes how many hours? _____		
Is this TPEP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      If yes how many hours? _____		
SPONSORING PROVIDER NAME (AGENCY GRANTING CLOCK HOURS)		BUSINESS TELEPHONE NUMBER
Dyslexic Advantage		( 206 ) 521-1014
PROVIDER ADDRESS		
6701 139th Place SW Edmonds, WA 98026		
SPONSORING PROVIDER INSERVICE CONTACT PERSON		TELEPHONE NUMBER
Dr. Fernette Eide		( 206 ) 521-1014

### SECTION III - AFFIDAVIT - PARTICIPANT

I, \_\_\_\_\_, swear/affirm that I earned 30 clock hours for actual attendance at this inservice. I am not applying for college/university credit for this program. 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 181-85 WAC. This form should be retained by the holder for possible dispute (WAC 181-85-085).

\_\_\_\_\_  
ORIGINAL SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE

### SECTION IV - INSERVICE PROVIDER - VERIFICATION

When signed by the approved inservice provider, this form serves as a transcript or letter documenting eligible credits as required for salary purposes by WAC 392-121-280(3).

\_\_\_\_\_  
Original Signature of Inservice Provider or Designee

\_\_\_\_\_  
Date