

**La Conner School District  
Sponsored  
Continuing Education**

**Clock Hour Credit**

**INSERVICE REGISTRATION**

Use this form to verify your attendance at the inservice 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 regulation. **DO NOT USE THIS FORM IF YOU WILL RECEIVE COLLEGE CREDIT FOR THIS INSERVICE PROGRAM. PLEASE PRINT AND USE PEN ONLY.** If you have any questions, please call the District Office at 360.466.3171.

**SECTION I - PARTICIPANT INFORMATION**

|                                                 |                 |                       |                       |
|-------------------------------------------------|-----------------|-----------------------|-----------------------|
| LEGAL NAME (Last, First, Middle)                |                 | CERTIFICATE NO.       | MAIDEN OR FORMER NAME |
| HOME ADDRESS (Street, City, State, Zip Code)    |                 |                       | HOME PHONE            |
| CURRENT ASSIGNMENT (Grade Level/Subject Taught) | SCHOOL/LOCATION | SCHOOL/LOCATION PHONE |                       |

**SECTION II - INSERVICE PROVIDER - CLOCK HOURS**

|                                                                                                                                                  |                                                                                            |                                               |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------|--|
| TITLE OF INSERVICE OFFERING<br><b>ONLINE SAFE SCHOOLS TRAINING</b>                                                                               |                                                                                            | COURSE NUMBER<br><b>2019-01</b>               |  |
| TOTAL NUMBER OF CLOCK HOURS AVAILABLE FOR INSERVICE OFFERING<br><b>UP TO 6</b>                                                                   | FIRST DAY OF INSERVICE<br><b>08/15/19</b>                                                  | LAST DAY OF INSERVICE<br><b>09/30/19</b>      |  |
| Is this STEM: <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Is this TPEP: <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES HOW MANY HOURS? <input type="text"/><br>IF YES HOW MANY HOURS? <input type="text"/> |                                               |  |
| SPONSORING PROVIDER NAME:<br><b>La Conner School District #311</b>                                                                               | PHONE:<br><b>360-466-3171</b>                                                              | SPONSORING PROVIDER INSERVICE CONTACT PERSON: |  |

**SECTION III - PARTICIPANT'S AFFIDAVIT**

I, swear/affirm that I earned \_\_\_\_\_ out of 6 possible 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 on this form subjects the holder to revocation of his/her certificate pursuant to chapter 180-85 WAC. This form should be retained by the holder for possible dispute (WAC 180-85-085).

\_\_\_\_\_  
Original Signature of Participant

\_\_\_\_\_  
Date

**SECTION IV - CRITERIA - DISTRICT OFFICE ONLY**

Credits earned after 9/1/95 have been determined to meet one or more of the following criteria (WAC 392.121.262(1):

- 1. School based plan/student learning goals
- 2. Current or expected assignment
- 3. Endorsement
- 4. Advanced certification
- 5. Degree program pertaining to assignment
- 6. Research-based assessment and instructional strategies

\_\_\_\_\_  
School District Designee (Whitney Meissner)

**SECTION V - 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 Training Instructor

\_\_\_\_\_  
Date