



CLOCK HOUR REQUEST FORM For ASCD Online Courses

ASCD Online Professional Development

Your Name: _____

Position: _____

School/District/University: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

- Directions:
1. Complete this form and attach the original or copy of your paid registration receipt and a copy of the Certificate of Completion and return to: Carrie Lam; 1220 269th Ct SE; Sammamish, WA 98075.
 2. Fill out the Evaluation Form (attached to this Request) for the Course.
 2. Please attach a check for \$2 per clock hour with the request.
 3. A Clock Hour Form will be mailed to your address (above) upon receipt of this request.

First Day of Course:	Last Day of Course:
Title of Online Course:	
Presenter(s):	

TOTAL HOURS REQUESTED: _____ HOURS (May not exceed 20 hours)



I, _____, affirm that I earned ____ clock hours for participation in this online course. I am not applying for college/university credit for this event. Also,

I, _____, declare under penalty of perjury under the laws 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 180-85 WAC.

Signature Date

PAYMENT INFORMATION:

Check (Payable to WSASCD)

VISA MASTERCARD Name on Card _____

Card Number _____ Expiration Date _____ CVC # (back) _____