



CLOCK HOUR REQUEST FORM

Professional Development - Webinar

Your Name: _____

Position: _____

School/District/University: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

Instructions:

- 1) Complete this FORM. Scan/email to WSASCD executive coordinator Carrie at CarrieLamASCD@gmail.com or mail to Carrie Lam 1220 269th Ct. SE, Sammamish, WA 98075
 - 2) Clock hour fee is \$5.00 for 1 clock hour. Payments are processed by our partners at WASA
 - 3) Complete the online WSASCD evaluation for the webinar. Once evaluation and payment has been processed, you will receive an email with the official verification form for the clock hours earned. Clock hour requests make take 2-3 weeks to process.
- Questions or support:** Contact WSASCD executive coordinator Carrie Lam at: CarrieLamASCD@gmail.com

First Day of Course:	Last Day of Course:
Course Title:	
Instructor(s):	

TOTAL HOURS REQUESTED: _____ HOURS **(May not exceed 1 hour)**
 * * * * *

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 By entering your name above you certify under penalty of perjury under the laws of the State of Washington that the information provided on this form is true and correct. Date

PAYMENT INFORMATION:

Check (Payable to WSASCD)

VISA MASTERCARD Name on Card _____

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

Please note that payments are processed by our partners at Washington Association of School Administrators -WASA. Clock hour requests may take 2-3 weeks to process.