



Clock Hour Request Form

2022 Whole Child Institute (WCI)

Full Name:

Position/Title:

School/District/University:

Address:

City, State, Zip:

Phone:

E-mail:

Instructions for clock hour request with credit card payment: Complete this form and scan/email with cc payment to WSASCD Executive Coordinator at: carrielamascd@gmail.com

Instructions for clock hour request with payment via check: Email clock hour request form to carrielamascd@gmail.com AND mail a copy of the clock hour request form w/ check payment to:

WSASCD

P O Box 14459

Tumwater WA 98511

Break out A
Session title:
Presenter name(s):
Break out B
Session title:
Presenter name(s):
Break out C
Session title:
Presenter name(s):
Break out D
Session title:
Presenter name(s):

Participants requesting clock hours must complete the end of session evaluation for each breakout session that clock hours are being requested for. As an approved OSPI clock hour provider WSASCD must verify participant attendance, this will be done with the roster provided from the conference platform.

Please reach out to WSASCD Executive Coordinator Carrie Lam with questions at carrielamascd@gmail.com

First day of Course		Last Day of Course	
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TOTAL HOURS REQUESTED: _____ HOURS (May not exceed 4.0 hours, with a min. of 1.0)

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 state laws of the State of Washington that the information provided on this form is true and correct.

NOTE WSASCD must be able to verify full duration for a request from the participant roster provided by the conference platform to be eligible for clock hours. No exceptions will be made. Please edit your registration ahead to reflect your FIRST & LAST NAME, POSITION/TITLE & DISTRICT/ORGANIZATION.

Payment Information

Clock Hour Fee \$3/clock hour

\$12 = 4 clock hours

*Participants are eligible for minimum of 1 clock hour and a maximum of 4 hours clock hours.

Donate to WSASCD

Washington State ASCD (WSASCD) has been providing high quality professional development for educators throughout Washington State since 1956. Your generous support will allow WSASCD to continue to offer professional development opportunities and programs that serve ALL students in Washington State.

I'd like to support WSASCD with a donation amount of: \$5 \$10 \$25 \$50 or \$_____

Form of Payment: (Payments to WSASCD are processed by our partners WASA)

Check (Please make checks payable to WSASCD) Complete information below if paying by credit card.

Visa MasterCard AMEX # _____

Cardholder Name: _____ Exp Date: _____ CVV # _____

Payment Amount: \$ _____

