



# CLOCK HOUR REQUEST FORM

Professional Learning Program Title: \_\_\_\_\_

Location: \_\_\_\_\_

Date & Time: \_\_\_\_\_

Presenter(s): \_\_\_\_\_

You will receive an official verification form via email, the process for clock hours can take up to 2-3 weeks.

**Important note:** Signatures will be verified using the sign in sheets for each day of the Institute, clock hours CAN NOT be released for participants that did not sign-in or complete the online WSASCD evaluation. This is a policy we must comply by as an OSPI clock hour provider.

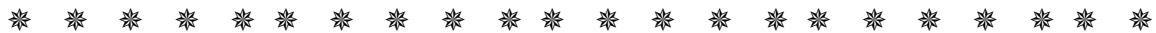
Your Name: \_\_\_\_\_ Position: \_\_\_\_\_

District/University: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

TOTAL HOURS REQUESTED: \_\_\_\_\_ HOURS (May not exceed the maximum hours of the training as stated in event program; minimum request 1 clock hour.)



I, \_\_\_\_\_, affirm that I earned \_\_\_ clock hours for actual attendance at this institute. 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](#).

*(On electronic form) Typing your name and date below signifies that you certify that all the statements made here are true, complete, and accurate.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date