



# CLOCK HOUR/CREDIT AUTHORIZATION FORM

COLVILLE SCHOOL DISTRICT 115  
217 S. HOFSTETTER ST.  
COLVILLE, WA 99114

## TO BE COMPLETED BY EMPLOYEE

Name: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

### I am submitting:

- College/Academic Credits - Must be an accredited Institution of Higher Education. Academic credits are primarily those credits earned from a regionally accredited institution that were earned AFTER the date of your BA degree.
- Clock Hours - Must be approved State of Washington Clock Hour Provider (see list at <https://www.k12.wa.us/educator-support/continuing-education-clock-hours/approved-providers>)

Course Title: \_\_\_\_\_

Sponsoring Provider: \_\_\_\_\_

Date(s) of Attendance: \_\_\_\_\_

# of Clock Hours or Credits: \_\_\_\_\_

### Must Check One:

- I have attached a clock hour transcript, signed by the sponsoring provider, who is an OSPI approved provider or
- I have attached sealed original transcripts from an accredited Institution of Higher Education.

\_\_\_\_\_  
Signature (Employee)

\_\_\_\_\_  
Date

## TO BE COMPLETED BY SUPERVISOR

Certification (WAC 392-121-262) State-defined criteria must meet one or more of the following:

I hereby certify that the content of the course (s) in which the above described credits were earned is

- Consistent with school-based plan for mastery of student learning goals;
- Pertinent to the individual's current assignment or expected assignment for the following school year;
- Necessary for obtaining an endorsement as prescribed by the Washington professional educator standards board;
- Specifically required for obtaining advanced levels of certification;
- Included in a college or university degree program that pertains to the individual's current assignment, or potential future assignment, as certificated instructional staff employee.
- Addresses research-based assessment and instructional strategies for students with dyslexia, dysgraphia, and language disabilities when addressing learning goal one under RCW 28A.150.210; and/or
- Pertains to the revised teacher evaluation system under RCW 28A.405.100, including the professional development training provided in RCW 28A.405.106.

The supervisor's signature implies that:

- ✓ The supervisor is familiar with the needs of the CIS
- ✓ The supervisor believes this course will assist the district/teacher to meet needs
- ✓ The supervisor certifies that he/she reviewed relevant documentation and made a judgment that the course meets one or more of the criteria

Date Received in Bus. Office

\_\_\_\_\_

Entered in Skyward

Entered in Cert Data.

Lane Change Result?  Y  N

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature (Supervisor)

\_\_\_\_\_  
Date