



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Education and Certification
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ESA CLOCK HOUR VERIFICATION

1. NAME	LAST	FIRST	MIDDLE	MAIDEN/FORMER NAME
2. ADDRESS				3. DATE OF BIRTH
CITY/STATE/ZIP				4. SOCIAL SECURITY NO. (OPTIONAL)
5. TELEPHONE: BUSINESS ()				6. CERTIFICATION NO.
HOME ()				

The Washington State Board of Education rules for continuing education provide that educational staff associates may use credits or clock hours that satisfy the continuing education requirements for their state professional licensure, if any, to fulfill the continuing education requirements established in Chapter 180-85 of the Washington Administrative Code.

To comply with those rules, complete the following and return this form to the Office of Professional Education and Certification.

Specify Type of License _____ License Number _____

Date Original License Issued _____

Current License Expiration Date _____

State in Which License was Issued _____

I, _____ do certify (or declare) under penalty of perjury under the laws of the state of Washington that the classes listed on my report for Washington State Certification clock hours satisfy the continuing education requirements for the state professional license (listed above). 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. A copy of this form should be retained by the holder for possible dispute (WAC 180-85-085).

_____/_____
 Signature Date