



# Northwest Educational Service District 189

*Together We Can*

Mail to: NWESD  
1601 R Avenue  
Anacortes, WA 98221  
Phone: (360) 299-4000  
Fax: (360) 299-4070  
www.esd189.org

### For official use only:

Chk# \_\_\_\_\_ Conf# \_\_\_\_\_  
Cash \_\_\_\_\_ Rcp# \_\_\_\_\_  
PO# \_\_\_\_\_ Clock Hrs Applied

## Request for Clock Hours

**Clock hours are not earned until the white copy and clock hour payment are received by NWESD. This form, with your payment, must be received by NWESD within 90 days of the last date of this class or clock hours WILL NOT be awarded.**

A clock hour transcript will be processed and mailed to you and your district by mid-September; cut-off date for annual transcript inclusion is August 31. **DO NOT USE THIS FORM IF YOU APPLIED FOR UNIVERSITY/COLLEGE CREDIT FOR THIS INSERVICE PROGRAM.**

### SECTION I - PARTICIPANT INFORMATION

Please Print and Use PEN only

WASHINGTON CERTIFICATE NUMBER \_\_\_\_\_

LEGAL NAME (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_ MAIDEN/FORMER NAME \_\_\_\_\_  
EMPLOYING SCHOOL DISTRICT/AGENCY (DO NOT ABBREVIATE) \_\_\_\_\_ SOCIAL SECURITY NUMBER (OPTIONAL) \_\_\_\_\_ CIRCLE ONE: **M** **F**  
(OPTIONAL)  
HOME MAILING ADDRESS (STREET/APT #) \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP) \_\_\_\_\_  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
WORK PHONE \_\_\_\_\_ EXTENSION \_\_\_\_\_ HOME PHONE \_\_\_\_\_ EMAIL ADDRESS (OPTIONAL) \_\_\_\_\_

### SECTION II - INSERVICE INFORMATION

INSERVICE NUMBER (REGISTRATION SESSION ID) \_\_\_\_\_

TITLE OF INSERVICE \_\_\_\_\_ INSTRUCTOR(S) \_\_\_\_\_  
SPONSORING SCHOOL DISTRICT/AGENCY \_\_\_\_\_ FIRST DAY OF INSERVICE \_\_\_\_\_ LAST DAY OF INSERVICE \_\_\_\_\_ LOCATION OF INSERVICE \_\_\_\_\_

### SECTION III - PARTICIPANT'S AFFIDAVIT

I, the participant registered above, swear/affirm that I earned  clock hours for actual attendance at this inservice. I am not applying for college/university credit for this program. Also, I certify (or declare) under penalty of perjury under the laws of the State 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 181-85 WAC. **This form should be retained by the holder (WAC 181-85-085).**

ORIGINAL SIGNATURE OF PARTICIPANT \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

### SECTION IV - ATTENDANCE VERIFICATION

Upon payment and signed approval, this form serves as a temporary transcript documenting eligible credits as required for salary purposes by WAC 392-121-280-(2) until official transcripts are issued by NWESD each September.

ORIGINAL SIGNATURE OF INSTRUCTOR or DESIGNEE \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

### SECTION V - PAYMENT METHOD

**CASH PAYMENTS NOT ACCEPTED**

Clock hour fee is not prorated for partial attendance. Check one of the methods below and fill in the appropriate information:

- CHECK # \_\_\_\_\_ FOR THE FULL AMOUNT OF \$ \_\_\_\_\_  
 Visa  MasterCard (box to right must be completed)  
 P.O. # \_\_\_\_\_ FROM \_\_\_\_\_  
School/District/Agency

#### Visa/MasterCard Information

ACCOUNT NUMBER \_\_\_\_\_

YOUR NAME AS IT APPEARS ON CARD \_\_\_\_\_ EXPIRATION \_\_\_\_\_

CHARGE FULL AMOUNT OF \$ \_\_\_\_\_ TO MY CREDIT CARD

AUTHORIZED SIGNATURE \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

*Due to the cost of issuing refund checks, payments made to the NWESD in excess of the published fee(s), will be retained and considered a donation to support general operations as long as the excess payment does not exceed \$5.*