

Professional Certification
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## 2025–26 Continuing Education Clock Hour Credit Form 1125: General In-Service Registration

This form is used to verify attendance at an approved clock hour offering hosted by an <u>Approved Clock Hour Provider</u> as outlined in <u>RCW 28A.410.277</u> and <u>Chapter 181-85 WAC</u>. This form must be retained by the individual as verification of attendance, and it is the individual's responsibility to maintain accurate records for compliance with certification regulations. If receiving college credit or continuing education units (CEUs), an individual should not use this form. Reach out to the accredited institution for transcripts or certificates of completion (<u>WAC 181-85-030</u>).

Section I. Participant infor	IIIation			
Legal Name (Last, First, Middle):		Other Name(s):		
Date of Birth:	WA Cert #:	Phone	none: Email:	
Address (Street, City, State, Zip Code):				
Section II: In-Service Provider and Clock Hour Course Information  To be completed by the approved in-service provider.				
Begin Date:		Completed Date:		
Approved Provider Name (Agency Granting Clock Hours):				
Organization Address (Street, City, State, Zip Code):				
Organization Clock Hour Contact Person:			Organization Phone	e: Organization Email:
Class Name:		Total Clock Hours Offered (Including STEM):		
Awarded Clock Hours  List the total number of hours earned first. Then, break down the specific hour types.				
Total Clock Hours Earned (Including STEM):		STEM Hours:		
Section III: Participant Affidavit				
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Signature of Participant		Date		