



INTERNATIONAL SOCIETY FOR KEY WOMEN EDUCATORS  
**DELTA KAPPA GAMMA**

***DKG Washington State Organization***

Teri King – DKG WSO 1st Vice-President / EEC Chair  
P.O. Box 2347, Shelton, WA 98584  
teridkg@gmail.com  
360.427.1377

**Professional Development - State EEC Committee Chair**

Date:

Re:

To:

From: Teri King  
DKG Professional Development Registrar

The attached conference registration package consists of an attendance roster and Request for Clock Hours Form. Please distribute these forms, an evaluation form (provided separately), and a copy of these instructions to the participant(s) before the workshop begins.

## INSTRUCTIONS

- When copying Request for Clock Hours forms, please copy double-sided in order to have the instructions for completing the form.
- Participants must list each session and the number of hours attended in the spaces provided. This will determine the number of clock hours participants are able to register.
- At the bottom of the individual sign-in sheet, there is a space to have an authorized signature from the conference. The participant should have a conference official sign to verify attendance.
- The sign-in sheet and Request for Clock Hours form should be returned to DKG Washington State Organization after the end of the conference.

***FAILURE TO RETURN SIGN-IN SHEETS AND EVALUATION FORMS TO DKG WASHINGTON STATE ORGANIZATION WITHIN FIVE (5) DAYS OF THE LAST DATE OF THE WORKSHOP MAY RESULT IN DENIAL OF CLOCK HOUR CREDIT FOR PARTICIPANTS.***

If you are going to make any changes regarding dates, times, number of clock hours, etc., prior approval is required. To request changes to classes or if you have questions, please call Teri King, DKG Professional Development Registrar, at 360.427.1377 or email [teridkg@gmail.com](mailto:teridkg@gmail.com)

**DKG Washington State Organization Official Attendance Roster**  
***Attach this form to Clock Hour Registration Form***

Program Title: \_\_\_\_\_ Clock Hour ID #: \_\_\_\_\_  
\_\_\_\_\_

Presenter: \_\_\_\_\_ Max Clock Hours: \_\_\_\_\_  
\_\_\_\_\_

Sponsoring Agency: **DKG Washington State Organization**  
\_\_\_\_\_

Participant Name (please print): \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date	Session Name	Times	# of Hours

**Verification of Attendance**

I certify that the participants named above have attended the sessions listed above.

By (print name): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***This sign-in form is the official verification of attendance and must be completed  
in blue or black ink. Use more than one sheet if necessary.***

# INSTRUCTIONS FOR COMPLETING REQUEST FOR CLOCK HOURS FORM DKG Washington State Organization WA

**Important Note: Participation in classes for less than one (1) hour is not valid for continuing certificate 150 clock hour requirements or salary placement.**

Participants must complete *Sections 1 (personal information), 2 (Affidavit), and 4 (payment information)*. Please print clearly in black or blue pen only!

Participants requesting clock hour credit must pay a processing fee of \$3.00 per clock hour. **Example:** The cost for three and one-half clock hours is \$10.50; for six clock hours, the price is \$18.00, etc.

- Do not submit Request for Clock Hours forms and payment until after the Program Ending Date noted on the reverse side of this form.
- Payment must be enclosed with this request. The canceled check will be your receipt.
- The fee is payable by check or purchase order. PLEASE DO NOT SEND CASH!
- Checks or purchase orders must be made payable to DKG Washington State Organization
- Clock hours are not earned until all fees are received by DKG Washington State Organization.
- The completed Request for Clock Hours form will be returned to you after receipt of fees and verification. Please keep the fully executed form for your record!

**Late Requests:** Request for Clock Hours forms are accepted only after the last day of the in-service. Prompt submission of the Request for Clock Hours form is encouraged. Each Request for Clock Hours form received by DKG Washington State Organization more than ninety (90) calendar days after the program has ended must include a \$10 Research/Verification fee in addition to the regular processing fee. DKG Washington State Organization must verify attendance using the class Sign-In/Roster Sheets; if attendance cannot be verified, the clock hour request will be denied.

**Lost Request for Clock Hours forms/Research Request:** If you attended a class but lost or did not receive a Request for Clock Hours form, you may ask that DKG Washington State Organization research the workshop, verify your attendance, and provide you with the form. You can request a RESEARCH REQUEST FORM by emailing a note to Teri King, [teridkg@gmail.com](mailto:teridkg@gmail.com). Include the name of the workshop, date, location, the Clock Hour ID number (if known), your name, address, phone number. **Researching a class will require a non-refundable Research/Verification fee of \$10, which must be included when sending the research request form.**

Mail or email Request for Clock Hours or Research Request forms to:

**Clock Hour Program - Payments**  
Teri King, WSO 1<sup>st</sup> Vice President,  
P.O. Box 2347, Shelton, WA 98584  
[teridkg@gmail.com](mailto:teridkg@gmail.com), 360.427.1377

*For the Office of the Superintendent of Public Instruction (OSPI), call 360.725-6000*



**DKG - DKG Washington State  
Organization - WA  
REQUEST FOR CLOCK HOURS**

**Clock Hour Program - Payments**  
Teri King, WSO 1<sup>st</sup> Vice President,  
P.O. Box 2347, Shelton, WA 98584  
[teridkg@gmail.com](mailto:teridkg@gmail.com), 360.427.1377  
See Reverse Side for Further Information

- \$3.00 Per Clock Hour
- \$10.00 Research Fee (per class) applies 90 calendar days after the program ends
- Use blue or black ink
- Do not alter printed portions of the form

CLOCK HOURS ARE NOT EARNED UNTIL ALL FEES ASSOCIATED WITH THIS REQUEST ARE RECEIVED BY DKG Washington State Organization. This form must be received along with your payment within 90 calendar days of the program end date, or a \$10.00 research fee will apply. *Upon receipt of completed form and all fees for clock hours*, this form will be fully executed and will be returned to you and serve as verification of clock hours earned. Clock hours are earned only after DKG Washington State Organization clock hour provider verification signature is completed.

**SECTION 1: PERSONAL INFORMATION**

	Male / Female	
Name	Circle One	Birth Date (required for ID)
Address	Other name(s) under which records may be listed.	
City/State/Zip	Home Phone	Work Phone
Building (Required)	District (Required)	Email Address

*Note! If you have a new address/phone #/last name or have changed school districts, check this box*

**SECTION 2: AFFIDAVIT (Please ensure this section is complete with signature)**

I, \_\_\_\_\_, swear or affirm that I earned \_\_\_\_\_ clock hours for actual attendance at this in-service. (Registrants may request fewer hours than the amount calculated for the entire in-service education program due to partial attendance.) I am not applying for college credit for this program. I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. (Intentional misrepresentation of material fact in this form will subject the holder to revocation of their certificate pursuant to Chapter 181-85 WAC.)

Date	Signature of Participant
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**SECTION 3: WORKSHOP INFORMATION**

		Max.	Yes	No
Title of Program	Clock Hour ID	Total Clock Hours	<input type="checkbox"/>	<input type="checkbox"/>
			Approved STEM Hours?	

**DKG Washington State  
Organization on behalf of:**  
Washington State Organization Executive  
Committee

Teri King

360.427.1377

Sponsoring District or Agency

Person Responsible for  
Program

Phone Number

Program Date

**SECTION 4: PAYMENT INFORMATION (Please complete and enclose payment)**

Number of Clock Hours Earned: \_\_\_\_\_ X \$ 3.00 \$ \_\_\_\_\_

Research Fee (if submitted 90 days after program ending date): \$10.00 \$ \_\_\_\_\_

Total Amount of Payment Enclosed: \$ \_\_\_\_\_

**CLOCK HOURS ARE NOT EARNED UNTIL ALL FEES ARE RECEIVED BY  
DKG Washington State Organization**

**SECTION 5: VERIFICATION/APPROVAL OF CLOCK HOURS (to be completed by DKG Washington State Organization only)**

Verification. When signed by the approved inservice provider below, and full payment for clock hours and all associated fees are received by DKG Washington State Organization, this form verifies eligible clock hours as required by WAC 392-121-280 (3). This form is not valid for clock hour verification until all payments are received and the form has been signed by the DKG Washington State Organization Professional Development Registrar.

**DKG Washington State Organization**



## CLOCK HOUR RESEARCH REQUEST FORM

*(DKG WASHINGTON STATE ORGANIZATION SPONSORED WORKSHOPS ONLY)*

**Participant Information** *(please print)*

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone \_\_\_\_\_

School District & Building \_\_\_\_\_

**Workshop Information** *(please give as much information as possible)*

In-service Title: \_\_\_\_\_

Clock Hour ID # \_\_\_\_\_ If title and # unknown, describe class content:  
\_\_\_\_\_

Start/End date: \_\_\_\_\_ Clock Hours Available: \_\_\_\_\_

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

Please complete and mail, with a check, to:

**Teri King**, WSO 1<sup>st</sup> Vice President  
P.O. Box 2347, Shelton, WA 98584  
[teridkg@gmail.com](mailto:teridkg@gmail.com), 206-931-0964

***Each class researched will require a non-refundable \$10 research fee. This payment will be noted on your clock hour form.***

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### DO NOT WRITE BELOW - FOR OFFICE USE ONLY

**DKG Washington State Organization Research Results:**

In-service Title: \_\_\_\_\_

Clock Hour ID#: \_\_\_\_\_ Clock Hours Available: \_\_\_\_\_

Start/End Date: \_\_\_\_\_

Attendance Verified: \_\_\_ YES \_\_\_ NO DKG comments: \_\_\_\_\_