



INTERNATIONAL SOCIETY FOR KEY WOMEN EDUCATORS
DELTA KAPPA GAMMA

DKG Washington State Organization

Monique Harrison – DKG WSO 1st Vice-President / EEC Chairman
11211 3rd Ave S, Seattle, WA 98168
monique.dkgwa@outlook.com
206-931-0964

Professional Development - State EEC Committee Chair

Date: _____ Re: _____
To: DKG Washington State Organization on behalf
of:

From: Monique Harrison
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 Monique Harrison, DKG Professional Development Registrar, at 206-931-0964 or email: monique.dkgwa@outlook.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 Monique Harrison, monique.dkgwa@outlook.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
Monique Harrison, WSO 1st Vice President,
11211 3rd Ave S, Seattle, WA 98168
monique.dkgwa@outlook.com, 206-931-0964

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
Monique Harrison, WSO 1st Vice President,
11211 3rd Ave S, Seattle, WA 98168
monique.dkgwa@outlook.com, 206-931-0964
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

Name	Male / Female 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

Monique Harrison

206-931-0964

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

Monique Harrison
DKG WSO PD Registrar

Date



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:

**DKG Washington State Organization
Clock Hour Research Payments**

Monique Harrison, WSO 1st Vice President, 11211 3rd Ave S, Seattle, WA 98168
monique.dkgwa@outlook.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.

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

DKG DKG Washington State Organization WA Research Results:

In-service Title: _____

Clock Hour ID#: _____ Clock Hours Available: _____

Start/End Date: _____

Attendance Verified: ___ YES ___ NO DKG comments: _____