

**College of Education
Continuing Education Clock Hours
Prior Approval Update Form
For Inservice Training**

Program providers must submit this form and all required information at least 15 working days in advance of any offering to: Ashley Herridge, Washington State University, College of Education, P.O. Box 642114, Pullman, WA 99164-2114.

1. SPONSORING PROVIDER NAME Washington State University College of Education	2. SPONSORING PROVIDER ADDRESS P.O. Box 642114 Pullman, WA 99164-2114
3. CONTACT PERSON'S NAME & LOCATION	4. CONTACT PERSON'S PHONE # & EMAIL
5. TITLE OF INSERVICE OFFERING	6. LOCATION OF INSERVICE
7. DATE(S) OF INSERVICE	8. TIME(S) OF DAY
9. NAME(S) OF INSTRUCTOR(S)	10. TOTAL NUMBER OF CLOCK HOURS
11. DATE OF ORIGINAL PROGRAM APPROVAL	PROGRAM CATALOG NUMBER <small>(To be assigned by Clock Hour Coordinator)</small>
12. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; border-top: 1px solid black; text-align: center;"> <i>Signature – Curriculum Coordinator/Program Supervisor</i> </div> <div style="width: 45%; border-top: 1px solid black; text-align: center;"> <i>Date</i> </div> </div>	
ATTACHMENTS TO THIS FORM MUST INCLUDE THE PROGRAM AGENDA AND INSTRUCTOR QUALIFICATIONS	

Signature – Clock Hour Coordinator

Date

