

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 2 weeks in advance of any offering to: Ashley Herridge, Washington State University, College of Education, PO Box 642152, Pullman, WA 99164-2152.

Sponsoring Provider Name	Sponsoring Provider Address		
Washington State University	PO Box 642152		
College of Education	Pullman, WA 99164-2152		
Requestors Name & Location	Requestors Phone & Ema	il	
Title of Inservice Offering	Location of Inservice		
Date(s) of Inservice	Time(s) of Day		
Names of Instructor(s)	Total Number of Clock Ho	11100	
Names of instructor(s)	Total Number of Clock Hot	urs	
Date of Original Program Approval	PROGRAM CATALOG NUM. (To be assigned by Clock Hour Registrar)	BER	
	(10 be assigned by Cherk 10 at Regular)		
Signature of Requestor Date			
Clock Hour Registrar Signature	Date		
Please attach the following to this clock hour reque	st:		
A detailed example of the incomplete			
A detailed agenda of the inservice			
Instructor qualification form(s) OR resume/v	vitae for instructor(s)		
Is this Inservice a STEM related program (If yes, continue t	o next question. If no stop here)?	YES	NO
Will the STEM activity have an impact on STEM experiences for students?		YES	NC
Does the STEM activity provide examples or resources to use with students or with other educators?		YES	NC
Does the STEM activity provide examples/resources about students?	STEM-related career choices to use with	YES	NO
11. How many hours will be STEM hours?			