

**College of Education
Continuing Education Clock Hours
Program Proposal**

*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 College of Education	PO Box 642152 Pullman, WA 99164-2152
Requestors Name & Location	Requestors Phone & Email
Title of Inservice Offering	Location of Inservice
Date(s) of Inservice	Time(s) of Day
Names of Instructor(s)	Total Number of Clock Hours
Please attach the following to this request:	PROGRAM CATALOG NUMBER <i>(To be assigned by Clock Hour Registrar)</i>
1. A detailed agenda for the inservice 2. Instructor Qualification Form(s) or resume for instructor(s)	
Signature of Requestor	Date

The Continuing Education Clock Hour Advisory Committee reviewed this proposal, including the objectives and agenda, and took the following action on _____ .
Date

Approval Granted

Approval Denied (see attached reasoning)

Clock Hour Registrar Signature

Date

Continuing Education Clock Hours Rationale, Objectives, and Program Agenda

Title of Inservice: _____

Intended Audience: _____

1. Identify purpose for the course; check one of the following options as the primary basis of this proposed inservice.

A. Effective Instruction

B. Leadership

C. Professional Development

_____ D. Other (Must meet requirements in WAC 180-85-075
(Please list what criteria your program will meet under this rule.)

2. Provide a brief description of the Inservice.

3. Provide a rationale that addresses:

a) What specific training need is being met.

b) How will this proposed offering meet that need?

4. List the Inservice objectives (must be specific and measurable):

5. Attach a detailed Inservice agenda that shows:

- a) Topics that will covered**
- b) Dates and times of each presentation with the presenter(s) name**

6. Attach an instructor qualification form for each presenter OR you may include a resume or vitae in lieu of the form.

- | | | |
|--|------------|-----------|
| 7. Is this Inservice a STEM related program (If yes, continue to next question. If no, stop here)? | YES | NO |
| 8. Will the STEM activity have an impact on STEM experiences for students? | YES | NO |
| 9. Does the STEM activity provide examples or resources to use with students or with other educators? | YES | NO |
| 10. Does the STEM activity provide examples/resources about STEM-related career choices to use with students? | YES | NO |
| 11. How many hours will be STEM hours? _____ | | |