Deer Park School District No. 414

CREDIT APPROVAL FORM

For Credits Earned After September 1, 1995

The 1995 State Legislature has mandated that credits (including clock hours) earned after September 1, 1995 shall count only if the content of the course meets one or more of the State-defined criteria listed in Section 4 below. It is recommended that you complete this form to establish eligibility before credits are earned, to determine if they will be accepted for salary placement. This form is required before any credit earned after September 1, 1995 will be counted toward the salary schedule. A separate form is needed for each course.

Section I -Employee Requesting Salary Schedule Placement

Name _____**Location**_____
(Last, First, Middle Initial)

Current position_____

Section II - College Credits

1. **Course Title**_____
2. **Credit Provider**_____
   (Must be approved by the State of Washington)
3. **Date Awarded By Registrar** _____**Number of Quarter Hour Credits**_____

Section III - Clock Hours

1. **Course Title**_____
2. **Sponsoring Provider**_____
   (Must be approved by the State of Washington)
3. **Date(s) of Attendance**_____**Number of Clock Hours**_____

Section IV - Certification of Criteria

I hereby certify that the content of the course for the above credit is:

- ❑ **Pertinent to the individual's current assignment or expected assignment for the following school year.**
- ❑ **Necessary for obtaining an endorsement as prescribed by the state board of education.** (reference the endorsement you are working toward)
- ❑ **Specifically required for obtaining advanced levels of certification** (reference the certificate you are working toward); **or**
- ❑ **Included in a college or university degree program that pertains to the individual's current assignment, or potential future assignment, as certificated instructional staff employee** (reference the college & degree you are working toward).

Explain specifically how these credits meet the criterion identified above:

_____
_____
_____
_____
_____

By signing my name below, I hereby do certify, state, and declare, under penalty of perjury under the laws of the state of Washington, that the content of the course(s) listed above meets the State-defined criteria which I have named and marked on this form. I also attest that the information is true and accurate to the best of my knowledge, I further understand that deliberate misrepresentation of any fact on this form shall be an act of unprofessional conduct for which certification may be revoked pursuant to Chapter 180-85 WAC.

_____ _____

Employee Signature **Date** **Superintendent/Designee Signature** **Date**