

# CLOCK HOUR PROPOSAL CHECKLIST

To start the process of creating a clock hour-approved course, please follow these steps.

- Complete the **Program Proposal Form 5520-F-1** below
- Send the form to Peter Elzey in the District office.
- Once approved you will receive an email with your course code and all supporting documents to fulfill your request.

*Note: Proposals should be submitted two weeks prior to the professional development offering to allow for processing. If you have any questions; please contact Peter Elzey at [pelzey@9mile.org](mailto:pelzey@9mile.org)*

## **FORMS TO BE COMPLETED AND TURNED TO THE DISTRICT OFFICE WHEN THE COURSE IS COMPLETE:**


- 1) **Attendance sign-in Form 5520 F-3** Attendees sign in for EACH session.
  - At the end of the course, the instructor submits a Spread Sheet compiling and calculating the total number of hours each participant earned.
- 2) **Attendee Clock hour Evaluations 5520 F-4**
  - Participants complete this form at the conclusion of the workshop or in-service.
  - The instructor compiles and keeps all attendee evaluations
- 3) **Presenter Evaluation Summary 5520 F-5**
  - The instructor is required to submit a summary
- 4) **Participation verification form 5520 F-6** ○ This form is not required for a 1-day workshop

## **FORMS GIVEN TO PARTICIPANTS**

- Clock Hour Form (Certificated In-Service Registration) 5520-F2**
- Credit Approval Form**
  - Participants should keep a copy for their records
  - Participants should turn in a copy to the District Office through inner school mail
  - Participants are responsible for entering clock hours into EDS for Certification Renewal

**An approved program offering must:**

- Have specific goals and objectives
- Be Three hours or more in duration
- Have a program agenda
- Be provided by a presenter who has appropriate expertise in the subject area or field of study.
- Be appropriate for the continuing professional development of educators
- Have an evaluation plan to determine the objectives outlined in the proposal are met
- Clock hour proposals must be received at least 10 days prior to the beginning of the proposed program.
- Clock hour programs may be held over a series of days. Example: A 10-clock hour credit course may be 10 one-hour sessions, 5 two-hour sessions, etc.

	<b>PROGRAM PROPOSAL FORM</b> <b><u>Clock Hour Application</u></b> <i>Nine Mile Falls School District</i>
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### **SECTION A** *(completed by Originator)*

This section is to be completed by the person responsible for managing the presentation of the program offering (originator)

Originator's Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

School District / Agency / Organization: **Nine Mile Falls SD**

Business Address: \_\_\_\_\_

City/State/Zip: **Nine Mile Falls, Washington 99026**

Program Title: \_\_\_\_\_

Program Date(s): \_\_\_\_\_

Start Time(s): \_\_\_\_\_ Time(s): \_\_\_\_\_

Total Clock Hours Requested: \_\_\_\_\_

Number or Participants Expected: \_\_\_\_\_

Specific Location: \_\_\_\_\_

Available for College Credit? \_\_\_\_ Yes \_\_\_\_ No

If yes, college or University: \_\_\_\_\_

Presenter/Instructor: \_\_\_\_\_

(If Résumé is not on file at NMFSD please attach)

Program description and objectives: \_\_\_\_\_

(add attachment if necessary)

### **SECTION B** *(completed by NMFSD Course Approval Committee)*

Approved Workshop No. \_\_\_\_\_  DENIED

If Denied explain: \_\_\_\_\_

\_\_\_\_\_  
Committee Chair Signature

\_\_\_\_\_  
Date



## PROGRAM PROPOSAL FORM Program Agenda and Objectives

Program Name: \_\_\_\_\_

Program Date(s): \_\_\_\_\_

Presenter(s): \_\_\_\_\_

Major Topics to be covered: \_\_\_\_\_

Program Objectives/Expected participant outcomes:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_



**PROGRAM PROPOSAL FORM  
Clock Hour Presenter  
Résumé Form**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Professional Education: \_\_\_\_\_

Institution	City/State	Degree	Date Granted

Professional Experience and Activities: \_\_\_\_\_

Work Experience and Activities: \_\_\_\_\_

Professional Memberships: \_\_\_\_\_

References: \_\_\_\_\_

Name	Position	Telephone
		(    )
		(    )
		(    )
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Once the proposal is submitted it will remain on file in the District Office of Nine Mile Falls School District.