WASHINGTON INTERSCHOLASTIC ACTIVITIES ASSOCIATION

CLOCK HOUR APPROVAL APPLICATION

This application form is to be completed by the person originating the request and the WIAA CHACE (Clock Hours & Continuing Education) Committee for Washington State Approved Clock Hours. Please review the guidelines and complete the application entirely for approval. Application should be submitted to Ty Savely at tsavely@wiaa.com.

PROGRAM INFORMATION

Originator's Name: District or Agency:

Physical Address: Phone: (   )   -   ext

Email Address: Current Position:

Program Title: Program Date(s):

Program Location: Start Time: End Time:

Total Instructional Hours (excluding breaks):   # of Clock Hours Requested:

Expected Attendance: Target Audience:

Registration Fee: ☐ Yes ☐ No   Cost: $ Registration: ☐ Open ☐ Closed

Presenters and Instructors (see page three to include resumes and qualifications):

Program Description:

Program Topics:

Program Syllabus:

Program Goals:

Program Objectives and Philosophy:

EDUCATIONAL STANDARDS INFORMATION

As of fall of 2021, the following standards are used by in-service educators to align their professional growth plans (PGP) for certificate renewal, and by clock hour providers to align their clock hour offerings.

1. Cultural competency standards, or the Cultural competency, diversity, equity, and inclusion (CCDEI) standards once they are developed. Or,

2. Social Emotional Learning (SEL) standards, benchmarks, and indicators. Or,

3. The professional educator role standards as follows:

- Teachers: [NBPTS professional teaching standards](#), including the Five Core Propositions; or [CTE teacher standards](#)
- Administrators: [Professional Standards for Educational Leaders](#) (PSEL), or [CTE director standards](#);
- Find [professional standards](#) for other roles

Please select the educational standard(s) from above that aligns your program with the clock hour standards:
1. ☐ 2. ☐ 3. ☐

Please explain how your program will meet the standard(s) selected:

WIAA CLOCK HOUR COMMTTEE (CHACE) REQUIRMENTS TO BE MET FOR APPROVAL

- ✓ Date, times, content, and outcomes of course/conference.
- ✓ Number of educational hours, with a minimum of 60 minutes of instruction.
- ✓ Written course/conference objectives, topics, description, goals, and program agenda.
- ✓ Instructor's resumes and their qualifications.
- ✓ Relation of course/conference to clock hour standards.
- ✓ Relation of Cultural Competence Standards (CCDEI), Social Emotional Learning (SEL), and/or Professional Educator Role Standards.
- ✓ Program materials and sign in sheet must be available to participants.
- ✓ Evaluations completed by participants.
- ✓ Clock hours must be approved prior and may not be issued retroactively.
- ✓ A pre-registered participant list must be sent to the WIAA prior to the course/conference for participants to be eligible for clock hours.
- ✓ A final registered participant list must be sent to the WIAA at the conclusion of the course/conference.

The WIAA centers its work and mission around the value of Diversity and the power of Equity and Inclusion.

A requirement of this application process is to ensure that any programming, education or professional development opportunities promote the importance of Diversity in respect to: points of view, culture, life experiences, ability, orientation, race/ethnicity, gender identity, socioeconomic backgrounds and educational preparation.

This requirement necessitates Clock-Hour Clinicians to critically weigh and evaluate the intended and unintended consequences of delivering their programming/curriculum through a Diversity, Equity and Inclusion lens.

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WIAA CHACE Committee Use Only

Approved: _____
                         Signature   Date

Approved: _____
                         Signature   Date

Approved: _____
                         Signature   Date

Denied: _____
                     Signature   Date

Date registration materials sent to originator: _____

WASHINGTON INTERSCHOLASTIC ACTIVITIES ASSOCIATION

PRESENTERS AND INSTRUCTORS FORM

Instructions: *Please complete this form or attach detailed resume and/or qualifications for each instructor.*

*Name: Home Phone: (   )   ext

Address: City: State: Zip:

Current Employer: Position:

Work Address: Work Phone: (   )   ext

Relevant Degree: Awarding Institution:

Professional experience and activities:

References (please include phone numbers or emails):

1.

2.

*Name: Home Phone: (   )   ext

Address: City: State: Zip:

Current Employer: Position:

Work Address: Work Phone: (   )   ext

Relevant Degree: Awarding Institution:

Professional experience and activities:

References (please include phone numbers or emails):

1.

2.

*Name: Home Phone: (   )   ext

Address: City: State: Zip:

Current Employer: Position:

Work Address: Work Phone: (   )   ext

Relevant Degree: Awarding Institution:

Professional experience and activities:

References (please include phone numbers or emails):

1.

2.