



## 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 Teagan Eldridge at [teldridge@wiaa.com](mailto:teldridge@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 COMMITTEE (CHACE) REQUIREMENTS 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.*

**WIAA CHACE Committee Use Only**

Approved: \_\_\_\_\_

Signature Date

Approved: \_\_\_\_\_

Signature Date

Approved: \_\_\_\_\_

Signature Date

Denied: \_\_\_\_\_

Signature Date

Date registration materials sent to originator: \_\_\_\_\_



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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.

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**Professional experience and activities:**  
**References (please include phone numbers or emails):**  
1.  
2.