OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
Professional Certification
Old Capitol Building, PO Box 47200
Olympia, WA 98504-7200
(360) 725-6400 TTY (360) 664-3461
Web site: http://www.k12.wa.us/certification
E-Mail: cert@k12.wa.us

CONTINUING EDUCATION CREDIT HOURS (CLOCK HOURS) FUNDAMENTAL COURSE OF STUDY

Use this form to verify continuing education credit hours (clock hours) for completing units of the Fundamental Course of Study (FCS) or completing the entire course.

WAC 181-85-033(10) Individuals who complete the Paraeducator Fundamental Course of Study as described in chapter 179-09 WAC are eligible for the number of continuing education credit hours completed up to twenty-eight continuing education credit hours unless they are issued these continuing education credit hours by a state-approved in-service education agency.

SECTION I

TO BE COMPLETED BY APPLICANT

1. NAME: LAST FIRST MIDDLE	MAIDEN/FORMER NAME
2. ADDRESS:	3. DATE OF BIRTH:
CITY/STATE/ZIP:	4. SOCIAL SECURITY NO. (OPTIONAL):
5. TELEPHONE: BUSINESS HOME	6. E-MAIL:

7. **PERIOD DURING WHICH CLOCK HOURS WERE EARNED:** 1/2024 **TO** 9/2024

Check the FCS units completed during this period, or check that you have completed the FCS.

- ■ FCS01: Introduction to Cultural Identity and Diversity
- ■ FCS02: Methods of Educational and Instructional Support
- ■ FCS03: Technology Basics
- ■ FCS04: Using and Collecting Data
- ■ FCS05: District Orientation of Roles and Responsibilities
- ■ FCS06: Equity
- ■ FCS07: Behavior management strategies including de-escalation techniques
- ■ FCS08: Child and Adolescent Development
- ■ FCS09: Emergency and Health Safety
- ■ FCS10: Positive and Safe Learning Environment
- ■ FCS11: Communication Basics
- ■ FCS12: Communication Challenges

■ If checked, the individual above has completed all units as required to meet the FCS training.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature: _____ Date: _____

SECTION 2

TO BE COMPLETED BY PROVIDER/DISTRICT

This statement MUST be prepared by the college/school district/approved private school/agency authorized to verify continuing education credit hours (clock hours) per WAC 181-85-033, as claimed by the applicant in Section I item #7 above. When signed by the authorized institution/employer, this form serves as verification that the person listed in Section I completed the requirement or provided documentation for the clock hours as claimed. Stamped signatures MUST be initialed by the individual using the stamp. Please give this form, with Section II completed, directly to the applicant.

NAME OF INSTITUTION/EMPLOYER: Stanwood-Camano School District		DATE:
ADDRESS: 26920 Pioneer Hwy.	CITY/STATE/ZIP: Stanwood WA 98292	TELEPHONE: 360-629-1200
NAME (PRINTED): Wendy Coleman	SIGNATURE AND TITLE	E-MAIL: wcoleman@stanwood.wednet.edu