

Mercer Island School District

Credit Approval Form

Application to Apply 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 below.** It is necessary to complete this form and establish eligibility before any credits earned after September 1, 1995 will be accepted for District salary placement. A separate form is required for each transcript or clock hour activity.

Name: _____	Date: _____
Current Assignment: _____	Location: _____

College Credits:

- Accredited College or University _____
- Course Title and Number _____
- Number of Quarter Hour Credits _____ Date or Term Earned _____

Inservice/Clock Hours

- Sponsoring Provider _____
(Must be approved by the State of Washington)
- Course Title and Number _____
- Number of Clock Hours _____ Date(s) of Attendance _____

Certification:

**I hereby certify that the content of the course(s) in which the above described credits were earned:
(Please check applicable box)**

is consistent with a school-based plan for mastery of student learning goals as referenced in RCW 28A.655.110, the annual school performance report, for the school in which the individual is assigned;

pertains to the individual's current assignment or expected assignment for the following school year;

is necessary for obtaining an endorsement as prescribed by the Washington Professional Educator Standards Board;

is specifically required for obtaining advanced levels of certification;

is included in a college or university degree program that pertains to the individual's current assignment, or potential future assignment, as a certificated instructional staff;

addresses research-based assessment and instructional strategies for students with dyslexia, dysgraphia, and language disabilities when addressing learning goal one under RCW 28A.150.210, as applicable and appropriate for individual certificated instructional staff.

It is the responsibility of each individual to ensure that this request, together with TRANSCRIPTS and other supporting data, to be used for salary schedule advancement is received by the Personnel Office no later than October 15th.

Employee's Signature _____ Date _____

For District Office Use Only:

Approved By _____ Title _____ Date _____