

WIAA

Washington Interscholastic Activities Association

435 Main Avenue South
Renton, WA 98057
Phone (425)687-8585 FAX (425)687-9476

APPLICATION PACKET

Continuing Education Clock Hour Program Offerings

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WASHINGTON INTERSCHOLASTIC ACTIVITIES ASSOCIATION

GENERAL INFORMATION

PLEASE REVIEW:

1. Approval will be granted for clock hour programs offered during regular school hours, as well as those programs offered during non-contracted times. It is important to note that local school districts retain the right to accept or reject clock hours earned during regular school hours. Individual participants should check with their local school district as to whether clock hours earned during regular school hours will be accepted.
2. Clock hour programs may be held over a series of days. Example: A ten clock hour credit course may be 10 one-hour sessions, 5 two-hour sessions, or 4 two and one-half hour sessions, etc.
3. Program offerings are to be credited in increments rounded down to the nearest 1/2 hour. Example; A program lasting 3 hours and 45 minutes will receive 3 1/2 clock hour credits. Meal times and breaks will not be included in calculating clock hours.
4. Participants registering for clock hour credit must pay a processing fee of \$2.00 per clock hour credit received; minimum fee is \$6.00. Example: The fee for 3 1/2 clock hours will be \$7.00. The processing fee for six clock hours will be \$12.00.
5. Each clock hour offering must be evaluated by participants using the WIAA Program Evaluation Form for clock hour offerings.
6. Continuation of an approved clock hour offering is contingent upon satisfactory evaluation by program participants.
7. Individuals requesting program approval will also be responsible for the registration of participants seeking clock hour credit.
8. Approval will not be granted for routine staff meetings; such as district, building or area meetings within an agency, district or building, to discuss or explain operational policies or administrative practices within the agency, district or building.
9. The WIAA reserves the right to have a representative attend any workshop, class or conference which has received clock hour approval from WIAA. The representative shall attend free of all fees and charges related to all session(s).
10. **Agencies receiving approval for clock hours that do not either return completed forms or make arrangements to postpone or cancel clock hour courses are subject to summary denial of future applications.**
11. Proposed programs should be submitted to **Michael Cole, WIAA, 435 Main Ave. South, Renton, WA 98057. (Fax: 425-687-9476)**

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APPROVAL CRITERIA

1. An approved program offering must:
 - a. Be related to a predetermined need analysis.
 - b. Include measurable objectives that express a clear purpose and are consistent with the time and credit allocated.
 - c. Be appropriate for the continuing professional development of coaches.
2. Program offerings must be at least three (3) hours in length.
3. Program proposals **must be received by WIAA at least 15 calendar days** prior to the beginning of the proposed event. (Special consideration may be granted.)
4. The methodology of the program delivery should reflect the elements of effective adult learning:
 - a. Introduction of complex skills gradually progressing to more complex skills.
 - b. The trainer models/demonstrates concept(s) to be learned.
 - c. The trainer provides activities that allow the participant to work and learn from others.
 - d. The trainer facilitates small group problem-solving.
 - e. Participants receive observation or feedback on skills performance either formally or informally.
 - f. The trainer suggests ways to follow-up training.
 - g. The materials provided are useful for improving instruction.

APPLICATION CHECK LIST

The following documents must be submitted for all programs **to WIAA at least 15 calendar days prior to the first day of the program. (Exceptions may be granted.)**

1. **Program Proposal Form.** This form needs to be signed by the Superintendent or designee (e.g., staff development director or curriculum director) when form is originated within a school district.
2. **Program Agenda.**
3. **Vitae** for all program presenter(s).

Upon approval, a Registration Packet will be sent to the originator that includes: Instructions, Class Attendance List, Registration Forms, and Program Evaluations.

All applications should be submitted to:

Michael Cole
WIAA
435 Main Avenue South
Renton, WA 98057

FAX 425-687-9476
Email: mcole@wiaa.com

WASHINGTON INTERSCHOLASTIC ACTIVITIES ASSOCIATION PROGRAM PROPOSAL FORM

This form is to be completed by person originating the request for clock hours.

Originator's name: _____ District or agency: _____

Address: _____ Phone: _____
City Zip

Originator's email address: _____ (WIAA use only; for electronic document delivery)

Program title: _____

Program date(s): _____ Start time: _____ End time: _____

Total instructional hours (excluding breaks and meals) _____ # of clock hours requested: _____

Target audience: _____ Location _____ Expected #* _____
(list # expected to register for clock hours only)

Available for college credit? ___ Which college or university? _____

Presenter/Instructor(s): _____

Address: _____

Day phone: _____ Current position: _____

Program description: _____

FOR PROMOTION PURPOSES	
Include information on WIAA Website? <input type="checkbox"/> Yes <input type="checkbox"/> No	Open or Closed Registration _____ If Open, Is There A Registration Fee? _____ If Yes, \$ _____

District/Organizational Use Only

Approved: _____ Date: _____
Superintendent or Designee (Application cannot be approved without signature)

WIAA Use Only

Approved: _____ Course # _____
Signature Date

Denied: _____
Signature/Date

Date registration materials sent to originator: _____

WASHINGTON INTERSCHOLASTIC ACTIVITIES ASSOCIATION

PROGRAM AGENDA

Program Name: _____

Program Date(s): _____

Presenter(s); _____

Topics to be covered:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Program Objectives:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

WASHINGTON INTERSCHOLASTIC ACTIVITIES ASSOCIATION

INSTRUCTOR FORM

Instructions: Please complete this form or attach resume.

Name _____ Home Phone () _____

Home Address _____
Street City State Zip

Current Employer _____ Position _____

Work Address _____ Work Phone () _____

Degree _____ Awarding Institution _____

Degree _____ Awarding Institution _____

Degree _____ Awarding Institution _____

Professional experience and activities _____

Professional memberships _____

References (please include phone numbers) _____
