



Continuing Education
Clock Hour Program Offerings

APPLICATION PACKET

Washington State Coaches Association

GENERAL INFORMATION

PLEASE REVIEW:

1. 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.
2. 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.
3. 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 processing fee for three clock hours will be \$6.00. The processing fee for six clock hours will be \$12.00. All monies collected are to be kept by the ISA.
4. Each clock hour offering must be evaluated by participants using the WSCA Program Evaluation Form for clock hour offerings.
5. Continuation of an approved clock hour offering is contingent upon satisfactory evaluation by program participants.
6. Individuals requesting program approval will also be responsible for the registration of participants seeking clock hour credit.
7. The WSCA reserves the right to have a representative attend any workshop, class or conference which has received clock hour approval from WSCA. The representative shall attend free of all fees and charges related to all session(s).
8. 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.
9. Proposed programs shall be submitted to Rob Friese by email at robfriese@gmail.com. Proposals may also be mailed to P.O. Box 205, Lebam, WA 98554.
10. Immediately following the conclusion of the clinic, all required documentation is submitted to Rob Friese. Documentation includes: 1. a roster of names and schools and number of clock hours purchased by each, 2. an agenda providing the names of presenters and a schedule of sessions, 3. a summary of evaluations from those who purchased clock hours (sample forms are included in your packet).

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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 WSCA at least 15 calendar days** prior to the beginning of the proposed event.
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 WSCA 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's email address which will include: Instructions, Class Attendance List, Clock Hour Registration Form, and Program Evaluation sample.

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PROGRAM PROPOSAL FORM

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

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 at Clinic?

Available for College Credit? Yes No

If Yes, which University?

Presenter(s)/Instructor(s):

Target Audience:

Program Objectives:

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WSCA Use Only

Approved: _____
Signature Date Course # _____

Denied: _____
Signature/Date

Date registration materials sent to originator