



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Certification
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 Web Site: www.k12.wa.us/certification/
 E-Mail: cert@k12.wa.us

APPROVAL OF CANDIDATE FOR INTERN SUBSTITUTE CERTIFICATE

Complete Section A of this form. Send it to the education department of the college/university where you are currently completing your teacher preparation and certification program. This form, when returned to you, is to be included with your application packet.

SECTION A

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:				6. E-MAIL	
BUSINESS ()		HOME ()			

SECTION B

TO BE COMPLETED BY COLLEGE/UNIVERSITY	
<p>The above-named is an applicant for an intern substitute certificate in Washington State. Complete information in Section B regarding this applicant. To be valid, this form must be signed by the dean of the college or school of education, the certification officer, the chairman of the education department, or the dean's designee at the institution where the applicant is currently completing his/her teacher preparation and certification program. A stamped signature must be initialed by the person using the stamp. RETURN THIS FORM TO THE APPLICANT.</p>	
A. Is the applicant currently enrolled in your state-approved teacher education program?	A. <input type="checkbox"/> YES <input type="checkbox"/> NO
B. Anticipated date of program completion. _____	
C. Applicant is assigned for student teaching to _____ (district) during the period _____ to _____.	
D. Major area(s) in which applicant will be recommended: _____	
E. Additional area(s) applicant may be eligible to teach: _____	
F. Do you have knowledge that the applicant has been arrested, charged, or convicted of any crime or has a history of any serious behavioral problems?	YES <input type="checkbox"/> NO <input type="checkbox"/> List any reason you know of why this applicant should not be certified in Washington. _____
G. Do you approve the applicant as a candidate for the Intern Substitute Certificate? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF COLLEGE/UNIVERSITY	DATE
ADDRESS	
CITY/STATE/ZIP	
TELEPHONE ()	E-MAIL
NAME (PRINTED) AND TITLE (Chair of Education Department/Certification Officer)	SIGNATURE

By signing this form I attest that the above information is true and accurate to the best of my knowledge.

RETURN COMPLETED FORM TO THE APPLICANT