



**INSTITUTIONAL VERIFICATION OF
 CAREER AND TECHNICAL EDUCATION
 (BUSINESS AND INDUSTRY ROUTE)
 PROGRAM COMPLETION AND CHARACTER**

**USE THIS FORM ONLY FOR CERTIFICATION BASED ON
 BUSINESS AND INDUSTRY EXPERIENCE IN A SUBCATEGORY SPECIALTY AREA.**

IMPORTANT NOTE: Applicants completing this form must also complete Career and Technical Education (CTE) Certificate Verification of Specific Safety (Form SPI/CERT 4075S). The plan 2 CTE program will not gain the CTE Agriculture V010000; Business & Marketing Ed V0780000; CTE Family & Consumer Science Ed V200002 or CTE Technology Ed V210100 VCODES.

Complete Section A of this form. Send it to the administrator of the program where you completed any state-approved CTE business and industry route program. When this form is returned to you. Include 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:		HOME		E-MAIL
BUSINESS				

SECTION B

TO BE COMPLETED BY WASHINGTON STATE APPROVED PROGRAM PROVIDER

The above-named is an applicant for CTE teacher certification in Washington state. Please complete the information in this section regarding this applicant. To be valid, this form must be signed by the program administrator at the institution where the applicant completed his/her Washington state Professional Educator Standards Board approved CTE business and industry route program and/or worksite learning. A stamped signature must be initialed by the person using the stamp. Verify the information with the school seal. **RETURN THIS FORM TO THE APPLICANT.**

- A. Has this applicant completed your Washington state Professional Educator Standards Board approved CTE business and industry route program? A. YES NO
 Date of program completion. _____
- B. WAC 181-77A-180: In addition to the standards identified in the above WAC, individuals obtaining certification in the areas of coordinator of worksite learning and career choices, applicant must demonstrate competency in the standards. Has this applicant met the requirements for worksite Learning (WAC 191-77-068)? B. YES NO
- C. 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 NO List any reasons you know of why this applicant should not be certified in Washington. _____
- D. Applicant has submitted verification of the basic skills tests in reading, writing and math to the program in which they are completing? D. YES NO

NAME OF WASHINGTON STATE APPROVED PROGRAM PROVIDER		DATE	By signing this form I attest that the above information is true and accurate to the best of my knowledge.
ADDRESS			
CITY/STATE/ZIP			
TELEPHONE	E-MAIL		
NAME (PRINTED) AND TITLE (Program Administrator)			SIGNATURE

RETURN COMPLETED FORM TO THE APPLICANT