

Washington State Educator Electronic Certificate System (E-Certification)

Educator User Guide

October 13, 2015



Table of Contents

1.0 Welcome – Log In Instructions	3
1.1 Home Page	4
1.2 Welcome Educator.....	4
1.3 View Your Credentials Here	6
1.3.1 Edit Educator Information.....	7
1.3.2 Request Duplicate Certificate	11
1.4 Apply for Your College Recommendation.....	16
1.5 Apply for Your District Request.....	30
1.6 Apply for a Washington Credential.....	48
1.7 Apply to Reissue Your Washington Credentials.....	66
1.8 Renew Your Credentials Here	83
2.0 Educator Menu	101
2.1 Applications.....	102
2.2 Fees	103
2.3 Print History	104
2.4 History	106
2.5 Communication Log	107
2.6 Expertise.....	108
2.7 Professional Development.....	109
2.7.1 Add Professional Development	109
2.8 HQT	113
2.9 Education History.....	115
2.9.1 Add Education History	116
2.10 Work History	115
2.10.1 Add Professional Education Experience.....	118
2.10.2 Add Other Employment Experience	120

Welcome

Welcome to the Washington State Educator Electronic Certification System (E-Certification). This user guide will help you navigate through E-Certification. Once logged into the system, you will be able to edit your profile, view your credentials, in addition to many other functions.

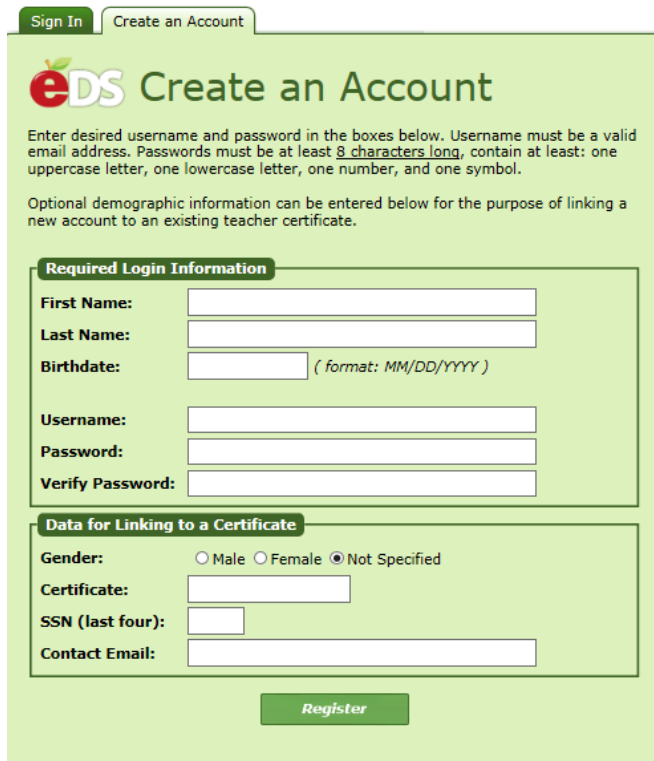
To Begin - Log in to: <https://eds.ospi.k12.wa.us>

Returning users click “Sign In” Tab



The screenshot shows the 'Sign In' tab selected. The page title is 'eDS System Sign In'. There are two input fields: 'Username:' with the placeholder 'youremail@organization.com' and 'Password:'. Below the fields is a green 'Login' button. At the bottom, there is a link: 'Forgot your [username](#) or [password](#)?'.

First time user click “Create an Account” Tab



The screenshot shows the 'Create an Account' tab selected. The page title is 'eDS Create an Account'. Below the title, there is instructional text: 'Enter desired username and password in the boxes below. Username must be a valid email address. Passwords must be at least 8 characters long, contain at least: one uppercase letter, one lowercase letter, one number, and one symbol.' Below this is another line of text: 'Optional demographic information can be entered below for the purpose of linking a new account to an existing teacher certificate.'

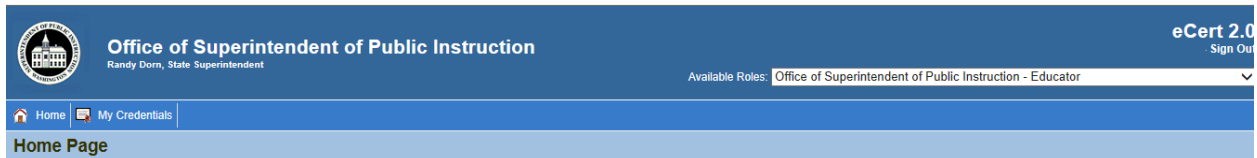
The form is divided into two sections:

- Required Login Information:** Includes input fields for 'First Name:', 'Last Name:', 'Birthdate:' (with a note '(format: MM/DD/YYYY)'), 'Username:', 'Password:', and 'Verify Password:'.
- Data for Linking to a Certificate:** Includes a 'Gender:' section with radio buttons for 'Male', 'Female', and 'Not Specified' (where 'Not Specified' is selected). It also has input fields for 'Certificate:', 'SSN (last four):', and 'Contact Email:'.

A green 'Register' button is located at the bottom of the form.

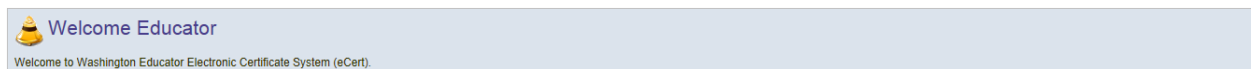
Home Page

Once an educator has logged into E-Certification, their Home Page is launched. On the top of the home page are two tabs, Home and My Credentials. Home will navigate the educator to the home screen and My Credentials will take the educator to his or her credential screen.



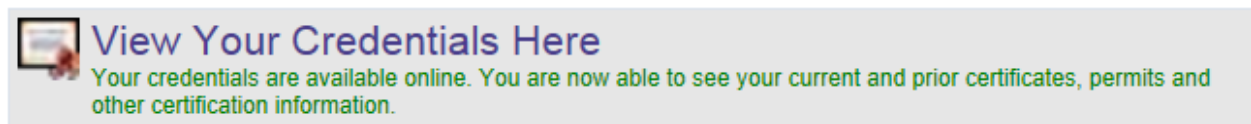
Welcome Educator

Under the Welcome Educator heading, there may be system messages posted for the educator's view.



View Your Credentials Here

The educator will find this link on their home page and it will navigate the user to his or her credential screen, same function as the My Credentials tab. This will be shown in detail in the next few pages.



On the Educator's home page are links that are applicable to the educator's statuses. For example if it is time for an educator to renew their certificate, a notice will appear on their home page with a link navigating them to a wizard which will help complete the necessary process.

While there are several different scenarios and a number of certificates, this user guide will focus on some of the primary ones.

Each application corresponds with a wizard. A wizard is a step by step guide helping the educator through processing the application. The wizard is intuitive and the educator will notice some steps are the same in different wizards.

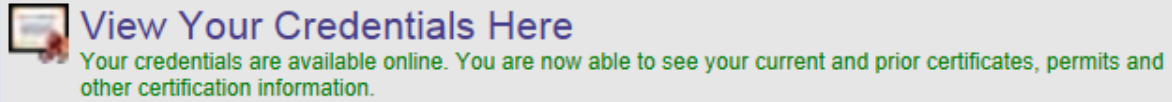
Wizards throughout the system basically follow the same format. There are drop-down arrows in some fields, numeric answers only in some fields, while most fields are required. If any Educator does not fill out a required field (marked with a red asterisk), an error message will be displayed instructing the educator what is needed to complete the application.

Wizards will direct the user if it is a multiple step wizard by showing buttons at the bottom, such as Next.

Each wizard will also allow the educator to cancel the application process by clicking on the Cancel radio button at the bottom of the wizard.

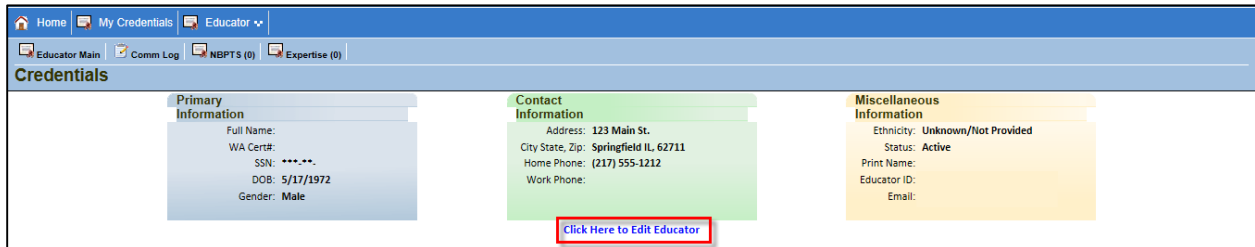
View Your Credentials Here

By clicking on this link, the educator can view their current and prior certification information.



Once the educator clicks on the View Your Credentials Here link, he or she is navigated to the Credentials screen. The top part of the screen houses the educator's primary, contact and miscellaneous information.

The tabs in the heading across the top of Credentials will be addressed later in the user guide.



Edit Educator Information

An educator can change their information by clicking on the Click Here to Edit Educator link. A three step wizard is launched navigating the educator through each step.

Step 1 allows the educator to change any profile information. For purposes of privacy, most information in the field boxes has been removed. Note the red asterisks on some of the fields. There are also drop-down arrows which when clicked on displays a list from which the educator can select the applicable answer. Once changes have been made, the educator clicks on Next.

- Fill out all required fields.
- Click on the drop-down arrows to select applicable answer.
- Follow date format when entering date.
- Click on checkbox to select applicable answer.
- To terminate the application process, click Cancel, Next.
- Click Next to continue.

The screenshot shows a web browser window titled "Edit Educator - Step 1 of 3". The main heading is "You are editing an Educator." Below this is a sub-heading: "Please edit the profile information and click the Next button." The form contains the following fields and options:

- File Location: [Drop-down menu]
- Teacher Number: [Text field]
- SSN: [Text field with red asterisk]
- First Name: [Text field with red asterisk]
- Middle Name: [Text field]
- Last Name: [Text field with red asterisk]
- Former Name: [Text field]
- Print Name: [Text field]
- Suffix: [Drop-down menu]
- Gender: [Drop-down menu with "Male" selected]
- Birth Date: [Text field with "05/17/1972" and "MM/DD/YYYY" format, with red asterisk]
- Ethnicity: [Drop-down menu with "Unknown/Not Provided" selected, with red asterisk]
- Race: [List of checkboxes: American Indian or Alaska Native, Asian, Black or African American, Caucasian or White, Native Hawaiian or Other Pacific Islander]
- Educator Status: [Drop-down menu with "Active" selected, with red asterisk]

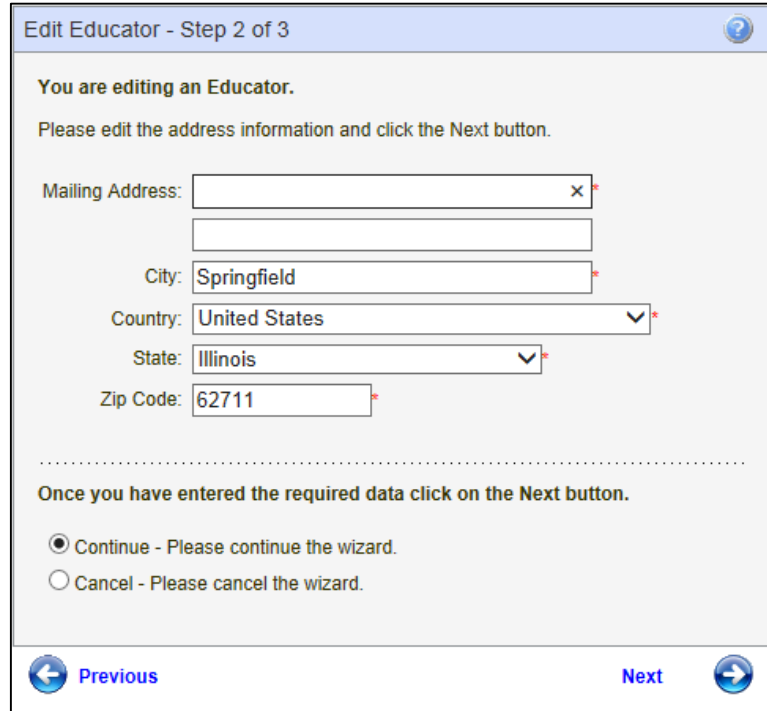
At the bottom of the form, there is a section titled "Once you have entered the required data click on the Next button." with two radio buttons:

- Continue - Please continue the wizard.
- Cancel - Please cancel the wizard.

In the bottom right corner of the window, there is a "Next" button and a blue circular arrow icon.

Step 2 allows the educator to make changes to their address if applicable. Once changes have been made, the educator clicks on Next.

- Fill out all required fields.
- Click on the drop-down arrows to select applicable answer.
- To terminate the application process, click Cancel, Next.
- Click Next to continue.



Edit Educator - Step 2 of 3

You are editing an Educator.

Please edit the address information and click the Next button.

Mailing Address: x*

City: *

Country: *

State: *

Zip Code: *

.....

Once you have entered the required data click on the Next button.

Continue - Please continue the wizard.

Cancel - Please cancel the wizard.

Step 3 allows the educator to change any contact information. Once changes have been made, the educator clicks on Submit.

- Follow numeric format when entering phone numbers.
- To terminate the application process, click Cancel, Submit.
- To return to the previous screen, click Previous.
- Click Submit.

Edit Educator - Step 3 of 3

You are editing an Educator.
Please edit the contact information and click the Submit button.

Work Phone: () - ext.

Home Phone: (217) 555 - 1212

Alternate Phone: () -

Fax Phone: () -

Email Address:

.....

Once you have entered the required data click on the Submit button.

Save - Please save the profile information.
 Cancel - Please cancel the wizard

[← Previous](#) [Submit →](#)

Washington State Office of Superintendent of Public Instruction
E-Certification Educator User Guide

The second part of the Credentials screen shows the educator's Applications, Certificates and Endorsements for Selected Certificates.

Note: By clicking on Select under Certificates, the associated endorsements will be displayed in the section, Endorsements for Selected Certificate.

Credentials Legacy

Show All Applications

Checklist	ID	Document	Description	Status	Background	Source	Received	Pay Info	Balance
Checklist	90068X	90068X	Teacher Certification	CLOSED	No	OSPI	02/21/2014		
Checklist	90069X	90069X	Conversion	OPEN	No	OSPI	03/12/2014		
Checklist	90069X	90069X	Res. Teacher Reissue	CLOSED	No	OSPI	03/18/2014	CC-33.00	0.00
Checklist	90069X	90069X	Resident Teacher Renewal	OPEN	No	OSPI	03/18/2014	CC-63.00	0.00

Show All Certificates

Select	Duplicate	App ID	Certificate	Status	Recommend	App Date	Issued	Effective	Expires	Renews	Printed?	Permit?
Select		90068X	RESIDENCY TEACHER	Issued	WA-90068X(02/21/2014)	03/18/2014	03/18/2014	03/18/2014	06/30/2014	07/01/2014	Queued	
Select		90069X	RESIDENCY TEACHER (RENEWAL)	Pending Review	WA-90069X(02/21/2014)	03/18/2014					--	
Select		90069X	RESIDENCY TEACHER (FIRST ISSUE)	Deficient	50001	03/12/2014					--	

Endorsements For Selected Certificate

App ID	Endorsement	Description	Status	Recommend	App Date	Issued	Effective	Expires	Renews
907689	3400-00	ELEMENTARY EDUCATION()	Issued	WA-90068X(02/21/2014)	03/18/2014	03/18/2014	03/18/2014	06/30/2017	07/01/2017

The Checklist link will show the educator all the information on file for the application process. This is a view only screen.

Show All Applications

Checklist	ID	Document	Description	Status	Background	Source	Received	Pay Info	Balance
Checklist	90068X	90068X	Teacher Certification	CLOSED	No	OSPI	02/21/2014		
Checklist	90069X	90069X	Conversion	OPEN	No	OSPI	03/12/2014		
Checklist	90069X	90069X	Res. Teacher Reissue	CLOSED	No	OSPI	03/18/2014	CC-33.00	0.00
Checklist	90069X	90069X	Resident Teacher Renewal	OPEN	No	OSPI	03/18/2014	CC-63.00	0.00

Application Checklist		Application Checklist Status	
Status	History	Checklist Step	Step Status / Update Date/Time
<input checked="" type="checkbox"/>	Printed & Signed App Rcvd	Printed & Signed App Rcvd	Complete 2/21/2014 7:28:52 AM
<input checked="" type="checkbox"/>	Begin Review	Begin Review	Complete 2/21/2014 7:28:51 AM
<input checked="" type="checkbox"/>	Application Fee	Application Fee	Complete 2/21/2014 7:28:50 AM
<input checked="" type="checkbox"/>	WSP Fingerprint	WSP Fingerprint	Complete 2/21/2014 7:28:48 AM
<input checked="" type="checkbox"/>	FBI Fingerprint	FBI Fingerprint	Complete 2/21/2014 7:28:47 AM
<input checked="" type="checkbox"/>	CFS Form	CFS Form	Complete 2/21/2014 7:28:46 AM
<input checked="" type="checkbox"/>	Verify Degrees	Verify Degree	Complete 2/21/2014 7:28:44 AM
<input checked="" type="checkbox"/>	Verify Program Completion	Verify Program Completion	Complete 2/21/2014 7:28:43 AM
<input checked="" type="checkbox"/>	Verify Certificate	Verify Certificate	Complete 2/21/2014 7:28:41 AM
<input checked="" type="checkbox"/>	Verify Experience	Verify Experience	Complete 2/21/2014 7:28:40 AM
<input checked="" type="checkbox"/>	Verify Transcript(s)	Verify Transcript(s)	Complete 2/21/2014 7:28:38 AM
<input checked="" type="checkbox"/>	Certificate Tests	Certificate Tests	Complete 2/21/2014 7:28:36 AM
<input checked="" type="checkbox"/>	Endorsement Tests	Endorsement Tests	Complete 2/21/2014 7:28:34 AM
<input checked="" type="checkbox"/>	Permits	Permits	Complete 2/21/2014 7:28:32 AM
<input checked="" type="checkbox"/>	Review Complete	Review Complete	Complete 2/21/2014 7:28:30 AM

Request Duplicate Certificate

Housed in the Certificates table is a link to request a duplicate certificate. By clicking on the link, Request Duplicate, a 7 step wizard is launched.

Show All

Certificates

Select	Duplicate	App ID	Certificate	Status	Recommend	App Date	Issued	Effective	Expires	Renews	Printed?	Permit?
Select	Request Duplicate		RESIDENCY TEACHER	Issued		03/18/2014	03/18/2014	03/18/2014	06/30/2014	07/01/2014	03/21/2014	
Select			RESIDENCY TEACHER (FIRST ISSUE)	Deficient	50001	03/12/2014					--	

Step 1 of the Online Duplicate Request Application asks the educator to update their profile. Once that has been updated, if applicable, click Next.

- Fill out all required fields.
- Click on the drop-down arrows to select applicable answer.
- Follow date format when entering date.
- Click on checkbox to select applicable answer.
- To terminate the application process, click Cancel, Next.
- Click Next to continue.

Online Duplicate Request Application - Step 1 of 7

You are applying for a Duplicate Certificate Request Application

Please update your profile information and click the Next button.

File Location:

Teacher Number:

SSN:

First Name:

Middle Name:

Last Name:

Former Name:

Print Name:

Suffix:

Gender:

Birth Date: MM/DD/YYYY


Ethnicity:

Race: American Indian or Alaska Native
 Asian
 Black or African American
 Caucasian or White
 Native Hawaiian or Other Pacific Islander

Educator Status:

Once you have entered the required data click on the Next button.

Continue - Please continue the wizard.
 Cancel - Please cancel the wizard.

Next 

Step 2 and 3 asks the educator to update their address and contact information respectively. Once information has been updated, if applicable, click Next to continue.

- Fill out all required fields.
- Click on the drop-down arrows to select applicable answer.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Online Duplicate Request Application - Step 2 of 7

You are applying for a Duplicate Certificate Request Application

Please update your address information and click the Next button.

Mailing Address: []*

City: Springfield*

Country: United States*

State: Illinois*

Zip Code: 62711*

Once you have entered the required data click on the Next button.

Continue - Please continue the wizard.

Cancel - Please cancel the wizard.

Previous Next

- Follow numeric format when entering phone numbers.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Online Duplicate Request Application - Step 3 of 7

You are applying for a Duplicate Certificate Request Application

Please edit the contact information and click the Next button.

Educator ID: 160683

Work Phone: () - ext. []

Home Phone: (217) 555 - 1212

Alternate Phone: () - []

Fax Phone: () - []

Email Address: []

Updated:

Created:

Once you have entered the required data click on the Next button.

Save - Please save the profile information.

Cancel - Please cancel the wizard

Previous Next

Step 4 asks the educator to enter the number of duplicates he or she is requesting. Once that has been entered, click Next.

- Enter number of requested duplicates.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Step 5 requests payment information. The amount is displayed at the bottom of the wizard. The educator enters credit card information and clicks Next to continue.

- Fill out all required fields.
- Click on the drop-down arrows to select applicable answer.
- Follow numeric format for entered numbers.
- Follow date format when entering date.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Step 6 requests the educator reviews information before applying with credit card. The Edit links to the right of each section allows the educator to make changes if necessary. When all information is reviewed, the educator clicks Apply. Step 8 will be launched verifying the transaction.

- If applicable, click on the edit link to make any changes to the information already entered.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Apply to complete application.

Online Duplicate Request Application - Step 6 of 7

You are applying for a Duplicate Certificate Request Application

Please review the information below. Once you have reviewed the information click the Apply link. By clicking the Apply link you are electronically signing this application and authorizing the Washington State Office of Superintendent of Public Instruction to charge your credit card for the listed application amount.

— Profile (edit)

Name:
SSN: Birth Date:
Gender: Male Former:
Print Name: Ethnicity: Unknown/Not Provided

— Address (edit)

Mailing Address:
City State, Zip: Springfield IL, 62711
Country: US

— Contact (edit)

Home Phone:
Email Address:

— Payment (edit)

Credit Card #: *****
Expiration Date: 09/20
CC Verification:
CC Name:
CC Address Line 1:
CC Address Line 2:
CC City: Springfield
CC State: IL
CC Zip: 62711
CC Email:
Amount: \$48.00

Once you have reviewed the information click on the Apply button to submit your credential application. After clicking submit, it may take up to one minute to approve the transaction. Do not refresh the screen or click on any buttons or you may be double charged.

Apply - Please accept my credential application.
 Cancel - Please cancel the wizard.

Previous Apply

Below are examples of links that could be found on an educator's home page. This user guide will take the educator through each link listed below to demonstrate how the application process works via wizards. These examples will show the educator how to go through any application process no matter what they are applying for.



Apply For Your College Recommendation Here

Click here to apply for your Washington college recommendation. You have recently completed an approved Washington teacher education program. Your institution has electronically recommended you for a Washington teaching credential. Click on this link to start your application process.



Apply For Your District Request Here

Click here to apply for your Washington District Request. Your district has electronically requested a Washington teaching credential for you. Click on this link to start your application process.



Apply for a Washington Credential Here

Use this wizard to see if you qualify to apply for a Washington Teacher Certificate. Click on this link to start your application process.



Apply to Reissue Your Washington Credential Here

Click here to apply to re-issue your Washington credential. Click on this link to start your application process.

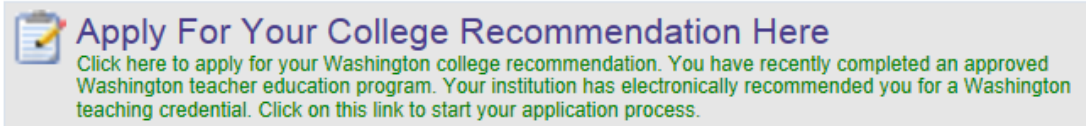


Renew Your Credentials Here

Click here to renew your Washington educator credentials. Most renewal applications can be submitted electronically. Some applications must be reviewed before they will be renewed. All online applications require a credit card payment.

Apply for Your College Recommendation

If applicable, the following link will appear on the Educator's home page.



Apply For Your College Recommendation Here
Click here to apply for your Washington college recommendation. You have recently completed an approved Washington teacher education program. Your institution has electronically recommended you for a Washington teaching credential. Click on this link to start your application process.

To apply for college recommendation, the Educator clicks on the link, Click here to apply for your Washington college recommendation.....

This action will launch the Educator Recommendation List table. By clicking on the link, Apply for Credential, the educator can proceed with application. Note if the Status is not in Completed Program, the educator should contact their institution.

Educator Recommendation List				
College Recommendations Awaiting Application				
Certificate	Status	Institution	Recommended	Apply
T310600 - RESIDENCY TEACHER (FIRST ISSUE)	Completed Program	WA-Central Washington University	5/14/2014	Apply For Credential
T310600 - RESIDENCY TEACHER (FIRST ISSUE)	Pre Completion of Program	WA-Central Washington University	5/14/2014	Apply For Credential

If the above credential is in a Pre-Completion of Program status then your institution has not marked your recommendation complete at this time. Please contact your recommending institution for more information on what you need to do to complete the program.
If your certificate is in the Program Complete status it is eligible for application. You can apply for it by clicking the Apply For Credential link to the right of the certificate.

The Apply for Credential link will navigate the Educator to an 18-step wizard. The wizard is intuitive and the Educator needs to follow directions on each step. Depending on the data in the system, some steps may be skipped and the Educator will be navigated to the next applicable step.

Step 1 of the Educator Recommendation Application is an informational introduction to the application process.

- Carefully read the explanation provided in Step 1.
- To terminate the application process, click Cancel, Next.
- Click Next to continue.

Educator Recommendation Application - Step 1 of 18

You are applying for the certificate recommended by your institution.

Thank you for choosing to apply for your Washington educator certificate! The following wizard will walk you through the application process and gather the information needed to process your request.

NOTE: Once the application process has been started, you must fully complete and submit the application. If you stop in the middle, you will complete all application screens again. We anticipate that this process will take you approximately 15-30 minutes, so please ensure that you have enough time to complete the application.

You will need the following information in order to complete your application:

- Credit card or bank account information to pay for your application.
- Evidence regarding your good moral character and personal fitness. Depending on your answers to the character and fitness supplement questions, you may be asked to provide additional information, either in written form or an upload of an electronic document in Adobe Portable Document File (PDF) format.
- A list of all states where you hold, or have held, an educator certification.
- A list of every community college and four-year institution you have attended since graduating from high school. This information should be filled out before completing your application under My Credentials > Educator > Educator History.
- A list of public school and/or private school work experience. This information should be filled out before completing your application under My Credentials > Educator > Work History > Professional Education Experience.
- A list of other employment experience. This information should be filled out before completing your application under My Credentials > Educator > Work History > Other Employment Experience.

.....

Once you have read the above click on the Next button.

Continue - Please continue the wizard.

Cancel - Please cancel the wizard.

Next

The next step asks the educator to update their personal information if necessary.

If applicable:

- Enter information in required fields.
- Click on drop-down arrow and select answer.
- Use specific format for date.
- Click on one of the checkboxes.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Educator Recommendation Application - Step 6 of 18

You are applying for the certificate recommended by your institution.

Please update your profile information and click the Next button.

File Location:

Teacher Number:

SSN:

First Name:

Middle Name:

Last Name:

Former Name:

Print Name:

Suffix:

Gender:

Birth Date: MM/DD/YYYY *

Ethnicity: *

Race:

- American Indian or Alaska Native
- Asian
- Black or African American
- Caucasian or White
- Native Hawaiian or Other Pacific Islander

Educator Status: *

Once you have entered the required data click on the Next button.

Continue - Please continue the wizard.

Cancel - Please cancel the wizard.

Step 7 is part of the profile update. The educator can change any information if necessary.

If applicable:

- Enter information in required fields.
- Click on drop-down arrow and select answer.
- Click Next to continue.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.

Educator Recommendation Application - Step 7 of 18

You are applying for the certificate recommended by your institution.
Please update your address information and click the Next button.

Mailing Address: x*

City: *

Country: *

State: *

Zip Code: *

.....

Once you have entered the required data click on the Next button.

Continue - Please continue the wizard.
 Cancel - Please cancel the wizard.

[← Previous](#) [Next →](#)

The educator can change any contact information in Step 8.

If applicable:

- Edit any information.
- Use numbers for numeric fields.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Educator Recommendation Application - Step 8 of 18

You are applying for the certificate recommended by your institution.
Please edit the contact information and click the Next button.

Work Phone: () - ext.

Home Phone: () -

Alternate Phone: () -

Fax Phone: () -

Email Address:

.....

Once you have entered the required data click on the Next button.

Save - Please save the profile information.
 Cancel - Please cancel the wizard.

[← Previous](#) [Next →](#)

Step 9 is an affidavit. By clicking on the checkbox, the educator is electronically signing the affidavit.

- Click on the checkbox.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Educator Recommendation Application - Step 9 of 18

You are applying for the certificate recommended by your institution.
Please review and electronically sign the below affidavit.

Affidavit:

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. If the answers to any question on the application or the moral character and personal fitness section of the application change prior to my being granted certification, I must notify the college/university certification office or the organization program director immediately.

Once you have answered the question click on the Next button.

Continue - Please continue the wizard.
 Cancel - Please cancel the wizard.

Previous Next

Step 10 is a continuance of the affidavit. The educator must answer all the questions.

- Answer questions by clicking on the radio button for Yes or No.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Educator Recommendation Application - Step 10 of 18

You are applying for the certificate recommended by your institution.

Please complete the following questions carefully and completely before providing information and signing the affidavit.

Section II - Professional Fitness

Yes	No	Question
<input type="radio"/>	<input type="radio"/>	1. Have you ever held or do you currently hold a Washington education certificate?
<input type="radio"/>	<input type="radio"/>	2. Have you ever held or do you currently hold any education certificate, credential, or license authorizing service in the public/private schools in another state, province, territory, or country? If "yes," list the states, provinces, territories, and/or countries in the explanation.
<input type="radio"/>	<input type="radio"/>	3. Are you currently or have you ever been the subject of any certificate or licensing investigation or inquiry by any certification or licensing agency for allegations of misconduct? If "yes," in the explanation box below, list the agency, including complete address and telephone number as well as the purpose of the investigation or inquiry.
<input type="radio"/>	<input type="radio"/>	4. Have you ever had any adverse action taken on any certificate or license? (Adverse action includes letters of warning, reprimands, suspensions (including stayed), revocations, voluntary surrenders, or avoidance.)
<input type="radio"/>	<input type="radio"/>	5. Have you ever been denied, or otherwise rejected for cause, an education certificate, credential, or license?
<input type="radio"/>	<input type="radio"/>	6. Have you ever withdrawn an application for any education certificate, credential, or license?
<input type="radio"/>	<input type="radio"/>	7. Have you ever practiced in any educational position in a public school for which you did not hold the appropriate valid educational certificate, credential, or license for that position?
<input type="radio"/>	<input type="radio"/>	8. Have you ever been dismissed, discharged, or fired from any employment position involving children or dependent adults? (Do not include RIFs)
<input type="radio"/>	<input type="radio"/>	9. Have you ever resigned from or otherwise left any employment (e.g. settlement agreement) while allegations of misconduct were pending?
<input type="radio"/>	<input type="radio"/>	10. Have you ever been disciplined by a past or present employer because of allegations of misconduct?
<input type="radio"/>	<input type="radio"/>	11. Are you currently or have you ever been the subject of any investigation or inquiry by an employer because of allegations of misconduct?

Once you have answered the questions click on the Next button.

Continue - Please continue the wizard.
 Cancel - Please cancel the wizard.

[Previous](#) [Next](#)

Step 11 pertains to the educator’s Criminal History. The educator must answer the Yes or No questions by clicking on the radio buttons.

- Answer questions by clicking on the radio button for Yes or No.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Educator Recommendation Application - Step 11 of 18

You are applying for the certificate recommended by your institution.
Please complete the following questions carefully and completely before providing information and signing the affidavit.

Section III - Criminal History

.....
If you answer "yes" to questions 1 through 5 (Section III), please provide the following:

A. In the explanation box below state the following:

- a. A detailed statement including what occurred, the nature of the offense, charge or warrant
- b. The name and address of the arresting agency.
- c. If a court was involved, the name and address of the court.
- d. The date of the arrest.
- e. The final disposition, if any.

B. If a court was involved, provide a copy of the court docket (can be obtained at the court in which the charge(s) were filed).

C. Provide a copy of the complete arresting officer's report.

D. If the arrest was driving related, provide a copy of a current and complete 5-year driving abstract.

NOTE: For questions 1,2,3, DO NOT include minor in possession (MIP)/minor in consumption (MIC) occurring more than 2 years ago or driving under the influence (DUI) occurring more than 5 years ago.

Yes	No	Question	
1.	<input type="radio"/>	<input type="radio"/>	In the last 10 years, have you ever been arrested for any crime or violation of the law? (DO NOT include minor in possession (MIP)/minor in consumption (MIC) occurring more than 2 years ago or driving under the influence (DUI) occurring more than 5 years ago.) (Note: For "yes" responses to 1,2,3, even if your case was dismissed or your record was sealed you must answer this question in the affirmative.) You need not list traffic violations for which a fine or forfeiture of less than \$300 was imposed.
2.	<input type="radio"/>	<input type="radio"/>	In the last 10 years, have you ever been fingerprinted as a result of any arrest for any crime or violation of the law?
3.	<input type="radio"/>	<input type="radio"/>	In the last 10 years, have you ever been convicted of any crime or violation of any law? (Note: For the purpose of this question "convicted" includes (1) all instances in which a plea of guilty or nolo contendere is the basis of conviction, (2) all proceedings in which a sentence has been suspended or deferred, (3) or bail forfeiture.) You need not list traffic violations or fines for which a fine or forfeiture of less than \$300 was imposed.
4.	<input type="radio"/>	<input type="radio"/>	Have you ever been convicted of any felony crime?
5.	<input type="radio"/>	<input type="radio"/>	Do you currently have any outstanding criminal charges or warrants of arrest pending against you? This would include Washington State, any other state, province, territory, and/or country.
6.	<input type="radio"/>	<input type="radio"/>	Have you ever been or are you presently under investigation in any jurisdiction for possible criminal charges? If your answer is "yes," identify agency and location (street address, city, state) and the circumstances or details relating to the investigation in the explanation box below.

.....
Once you have answered the questions click on the Next button.

Continue - Please continue the wizard.
 Cancel - Please cancel the wizard.

[Previous](#) [Next](#)

Step 12 requires the educator to answer fitness questions. The educator must answer each question.

- Answer questions by clicking on the radio button for Yes or No.

The screenshot shows a web application window titled "Educator Recommendation Application - Step 12 of 18". The content includes instructions to complete fitness questions before providing information and signing an affidavit. It lists five questions with radio buttons for "Yes", "No", and "N/A".

Educator Recommendation Application - Step 12 of 18

You are applying for the certificate recommended by your institution.

Please complete the following questions carefully and completely before providing information and signing the affidavit.

Section IV - Fitness

If you answer "yes" to any question (Section IV), provide a written explanation in the box below.

Yes	No	N/A	Question
1. <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Have you ever exhibited and behavior or conduct which might negatively impact your ability to serve in a role which requires a certificate, credential, or license?
2. <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	In the past 10 years, have you ever engaged in any conduct which resulted in the damage or destruction of property? (For purposes of questions 2 and 3, property includes both real and personal property owned by you or another. Do not list damages done as the result of an automobile accident.)
3. <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	In the last 10 years have you ever threatened to damage or destroy property?
4. <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Have you ever engaged in any conduct which resulted in the physical injury or harm of any person(s)? (Do not list injury or harm caused as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.)
5. <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Have you ever threatened to do physical injury or harm to any person(s)? (Do not list injury or harm caused as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.)

- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

6. Do you have a medical condition which in any way impairs or limits your ability to serve in a certificated role with reasonable skill and safety?

7. If you use chemical substance(s), does this use in any way impair or limit your ability to serve in a certificated role with reasonable skill and safety?

7a. If you disclosed a "yes" answer to questions 6 or 7 above, are the limitations or impairments caused by your medical condition(s) or substance abuse reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? Please explain in the box below and provide the name, address, and telephone number of the program.

8. Do you currently use illegal drugs?

9. Have you used illegal drugs in the last year?

9a. If you disclosed a "yes" answer to question 9 above, have you successfully completed or are you participating in a supervised rehabilitation program? Please explain in the box below and provide the name, address, and telephone number of the program.

If you answer "yes" to questions 10 or 11, attach copies of any court orders entered in the proceeding.

10. Have you ever been found in any dependency or domestic relation matter to have sexually assaulted or exploited any minor?

11. Have you ever been found in any dependency or domestic relation matter to have physically abused any person.

If you answer "yes" to questions 12 or 13, and a repayment agreement has been established, attach copies of the repayment agreement from the appropriate agency.



12. Are you currently in default status on any educational loan or scholarship? (Do not include loans that are currently in a compliant deferment status.)

13. Are you currently in non-compliance with a support order?

Once you have answered the questions click on the Next button.

Continue - Please continue the wizard.

Cancel - Please cancel the wizard.

 Previous  Next

In Step 14 the educator is asked to provide 3 references. Once the information is entered, the educator clicks on Next to continue.

- Enter data in required fields.
- Click on drop-down arrow to select answer for State.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to Continue.

Educator Recommendation Application - Step 14 of 18

You are applying for the certificate recommended by your institution.
Provide character information requested below.

Section V - Character References

List three individuals, not related to you, who will serve as character references.

Character Reference 1

Name: *

Mailing Address: *

City: *

State: * ▼

Zip: *

Telephone Number: () - *

E-mail Address:

Character Reference 2

Name: *

Mailing Address: *

City: *

State: * ▼

Zip: *

Telephone Number: () - *

E-mail Address:

Character Reference 3

Name: *

Mailing Address: *

City: *

State: * ▼

Zip: *

Telephone Number: () - *

E-mail Address:


Once you have entered the information click on the Next button.

Continue - Please continue the wizard.
 Cancel - Please cancel the wizard.

[Previous](#) [Next](#)

Step 15 is an affidavit. By clicking on the checkbox, the educator is signing the affidavit.

- Click on checkbox.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Educator Recommendation Application - Step 15 of 18 

You are applying for the certificate recommended by your institution.

Please review and electronically sign the below affidavit.

Affidavit:

.....

I certify (or declare) under the penalty of perjury under the laws of the state of Washington that the foregoing and all information included in the application is true and correct.

If the information provided or answer(s) to any question on the application or character and fitness supplement changes prior to my being granted certification, I must immediately notify the Office of Professional Practices and my college/university if I am a college/university candidate.



I understand I must answer this application truthfully and completely. Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification, or in the case of a certificate holder, reprimand, suspension, or revocation of the renewal certificate, credential, or license.

.....

Once you have answered the question click on the Next button.

Continue - Please continue the wizard.

Cancel - Please cancel the wizard.

 Previous Next 

Step 16 allows the Educator to pay by credit card for their application. The educator enters card information and clicks on Next to continue. Note the amount to be charged to the educator is shown in the Amount field box. This field is disabled so the amount does not change.


- Fill out all required fields.
- Click on the drop-down arrows to select applicable answer.
- Follow numeric format for entered numbers.
- Follow date format when entering date.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Educator Recommendation Application - Step 16 of 18

You are applying for the certificate recommended by your institution.

Please enter your payment information and click Next.

Payment Type: Credit Card *



Credit Card #: * no spaces or dashes

Expiration Date: * (Example: 08/11)

Verification Code: *

Please provide the name on the credit card. You must also provide the billing address for the credit card being used and this address must match the address on the credit card statement (the holder of the credit card's address, not the bank's address).

Name on Credit Card: *

Address Line 1: *

Address Line 2:

City: *

State: Illinois *

Zip: 62711 *

Email: *

Amount: \$68.00 *

Once you have entered the required data click on the Submit button.

Save - Please save the fee information.

Cancel - Please cancel the wizard.

[Previous](#) [Next](#)

Step 17 allows the educator to edit any of the information he or she entered before applying for the application. There is an edit link for each section; therefore, if the user wishes to change address information, they click on the edit link directly across from the Address heading.

- If applicable, click on the edit link to make any changes to the information already entered.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Apply to complete application.

Educator Recommendation Application - Step 17 of 18

You are applying for the certificate recommended by your institution.

Please review the information below. Once you have reviewed the information click the Apply link. By clicking the Apply link you are electronically signing this application and authorizing the Washington State Office of Superintendent of Public Instruction to charge your credit card for the listed application amount.

— Profile [\(edit\)](#)

Name:
SSN: Birth Date:
Gender: Former:
Print Name: Ethnicity: Unknown/Not Provided

— Address [\(edit\)](#)

Mailing Address:
City State, Zip: Springfield IL, 62711
Country: US

— Contact [\(edit\)](#)

Home Phone:
Email Address:

— Payment [\(edit\)](#)

Credit Card #: *****
Expiration Date: 08/15
CC Verification:
CC Name:
CC Address Line 1:
CC Address Line 2:
CC City:
CC State:
CC Zip:
CC Email:
Amount: \$68.00

.....

Once you have reviewed the information click on the Apply button to submit your credential application. After clicking submit, it may take up to one minute to approve the transaction. Do not refresh the screen or click on any buttons or you may be double charged.

Apply - Please accept my credential application.
 Cancel - Please cancel the wizard.

[Previous](#) [Apply](#)

Step 18 completes the process by clicking on Submit. The educator will then be navigated to their credential screen.

- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click on Submit to complete the application process.

Educator Recommendation Application - Step 18 of 18

You are applying for the certificate recommended by your institution.

Please review the following information.

You have successfully applied for your new Washington teaching credential.

Your certificate has been routed to a certification specialist for review.

Once the specialist has reviewed your file a detailed statement will be sent that outlines what tasks you need to perform to have your credential issued. Applications are reviewed in the order in which they are received. During peak periods that review process can take up to eight weeks but typically takes a few weeks.

[Click here to view your new credential information.](#)

Review the outcome of your application and click Submit.

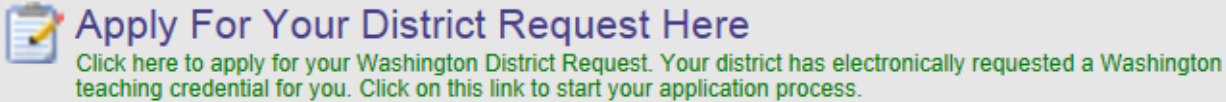
Continue - Please continue the wizard.

Cancel - Please cancel the wizard.

[Previous](#) [Submit](#)

Apply for Your District Request Here

If a district electronically requests a teaching credential for an educator, a link will be displayed on the educator's home page.



Apply For Your District Request Here
Click here to apply for your Washington District Request. Your district has electronically requested a Washington teaching credential for you. Click on this link to start your application process.

To start the process, the educator clicks on the link, Click here to apply for your Washington District Request. This action will launch the District Request Application List table. The educator clicks on the Begin link for the selected application.

District Request Application List				
Available Applications				
Application	District	Status	Request Date	Action
4025 - Conditional		District Request	5/27/2014 10:42:57 AM	Begin
4025 - Conditional		District Request	5/27/2014 10:42:57 AM	Begin
4025 - Conditional		District Request	5/28/2014 7:20:08 AM	Begin
4026 - Emergency Certificate		District Request	5/28/2014 7:44:27 AM	Begin
4027 - Emergency Substitute Certificate		District Request	5/28/2014 7:58:02 AM	Begin
4028 - Intern Substitute Certificate		District Request	5/28/2014 8:06:29 AM	Begin
4075 - Initial/Probationary CTE Teacher Certificate		District Request	5/28/2014 8:15:30 AM	Begin

By clicking on the Begin link, an 18 step wizard is launched. The educator will go through each step for complete the application process.

Step 1 is both an informational and instructional explanation of the application process. Once the Educator has read the explanation, he or she clicks on Next to continue.

- Carefully read the explanation provided in Step 1.
- To terminate the application process, click Cancel, Next.
- Click Next to continue.

Educator CTE Conditional Certificate - Step 1 of 18

You are requesting a CTE Conditional Certificate.

Thank you for choosing to apply for your Washington educator certificate! The following wizard will walk you through the application process and gather the information needed to process your request.

NOTE: Once the application process has been started, you must fully complete and submit the application. If you stop in the middle, you will complete all application screens again. We anticipate that this process will take you approximately 15-30 minutes, so please ensure that you have enough time to complete the application.

You will need the following information in order to complete your application:

- Credit card or bank account information to pay for your application.
- Evidence regarding your good moral character and personal fitness. Depending on your answers to the character and fitness supplement questions, you may be asked to provide additional information, either in written form or an upload of an electronic document in Adobe Portable Document File (PDF) format.

Individuals applying for a conditional certificate may need to provide one or more of the following:

Official transcripts required if assignment is special education or school speech-language pathologist or audiologist

Speech-language Pathologist or Audiologist apply for a second conditional certificate: VERIFICATION OF MASTER'S DEGREE PROGRAM ENROLLMENT form [F-4025E](#)


These forms must be downloaded, completed, and have signatures from the proper organizations. You will be allowed to submit electronic versions of the completed forms as part of the application process. If you are not able to submit them with the application, then you will need to mail these forms to the Office of Superintendent of Public Instruction for processing.

.....

Once you have read the above click on the Next button.

Continue - Please continue the wizard.

Cancel - Please cancel the wizard.

Next 

Step 2 asks the educator to verify his or her Washington State Certificate number. Once verification is made, the educator clicks Next to continue.

- Verify certificate number.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Educator CTE Conditional Certificate - Step 2 of 18

You are requesting a CTE Conditional Certificate.

Is the Washington Certificate Number below correct?

Your Washington State Certificate #:

.....
XXXXX
.....

Once you have answered the question click on the Next button.

No, the information above is not correct.

Yes, the information above is correct.

Cancel - Please cancel the wizard.

Previous Next

Step 3 displays the educator's Education Experience. If this is not correct, the educator clicks on "No, the information is not correct" and the educator will be directed to a screen that will allow him or her to update or edit their education experience. This will cause the educator to restart the application process. By clicking Yes, the educator is verifying their Education Experience. Once verified, the educator clicks on Next.

- If information is incorrect, click No.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- If information is correct, click Yes, then click Next to continue.

Educator CTE Conditional Certificate - Step 3 of 18

You are requesting a CTE Conditional Certificate.

Is your education experience correct? If you choose no, you will be redirected to a screen that will allow you to update/edit your education experience and you will have to restart this process.

Your Education Experience:

Institution	Begin Date	End Date	Degree	Credits Earned	Post Grad. Credits Earned

Once you have answered the question click on the Next button.

No, the information above is not correct.

Yes, the information above is correct.

Cancel - Please cancel the wizard.

[← Previous](#) [Next →](#)

Step 4 requires the educator to enter the school year and program area or courses. Once information has been entered, the educator clicks on Next to continue.

- Enter required information.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Educator CTE Conditional Certificate - Step 4 of 18

You are requesting a CTE Conditional Certificate.

.....

School Year: *

Program Area or Courses: *

.....

Once you have entered the required data click on the Next button.

Continue - Please continue the wizard.

Cancel - Please cancel the wizard.

Previous Next

Educators are asked to list all states in which they hold or have held an educational certificate in Step 5.

- If applicable, in the text box, list states.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Educator CTE Conditional Certificate - Step 5 of 18

You are requesting a CTE Conditional Certificate.

List all states, other than Washington, in which you hold or have held educational certification.

Other State Certification:

.....

.....

Once you have answered the question click on the Next button.

Continue

Cancel - Please cancel the wizard.

Previous Next

In Step 6 the educator can change any profile information as necessary.

- Fill out all required fields.
- Click on the drop-down arrows to select applicable answer.
- Follow date format when entering date.
- Click on checkbox to select applicable answer.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Educator CTE Conditional Certificate - Step 6 of 18

You are requesting a CTE Conditional Certificate.
Please edit the profile information and click the Next button.

File Location:

Teacher Number: 505872B

SSN:

First Name:

Middle Name:

Last Name:

Former Name:

Print Name:

Suffix:

Gender:

Birth Date: MM/DD/YYYY

Ethnicity:

Race: American Indian or Alaska Native
 Asian
 Black or African American
 Caucasian or White
 Native Hawaiian or Other Pacific Islander

Educator Status:

Once you have entered the required data click on the Next button.

Continue - Please continue the wizard.
 Cancel - Please cancel the wizard.

Step 7 is part of the profile update. The educator can change any information if necessary.

If applicable:

- Fill out all required fields.
- Click on the drop-down arrows to select applicable answer.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Educator CTE Conditional Certificate - Step 7 of 18

You are requesting a CTE Conditional Certificate.

Please edit the address information and click the Next button.

Mailing Address: 123 Main St. *

City: Springfield *

Country: United States *

State: Illinois *

Zip Code: 62711 *

.....

Once you have entered the required data click on the Next button.

Continue - Please continue the wizard.

Cancel - Please cancel the wizard.

[Previous](#) [Next](#)

The educator can change any contact information in Step 8.

If applicable:

- Edit any information.
- Use numbers for numeric fields.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Educator CTE Conditional Certificate - Step 8 of 18

You are requesting a CTE Conditional Certificate.

Please edit the contact information and click the Submit button.

Work Phone: () - ext.

Home Phone: (217) 555 - 1212

Alternate Phone: () -

Fax Phone: () -

Email Address:

.....

Once you have entered the required data click on the Submit button.

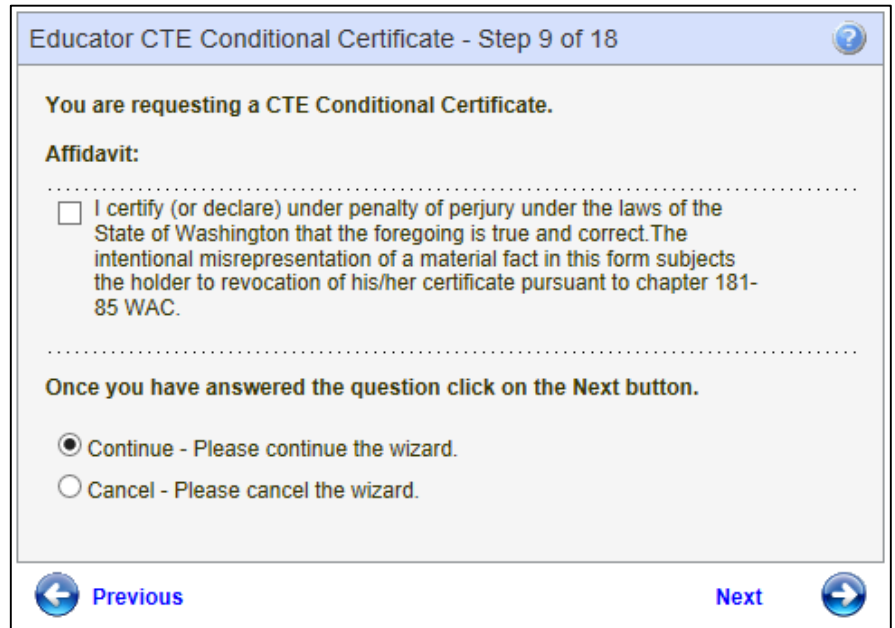
Save - Please save the profile information.

Cancel - Please cancel the wizard

[Previous](#) [Next](#)

Step 9 is an affidavit. By clicking on the checkbox, the educator is electronically signing the affidavit.

- Click on the checkbox.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.



Educator CTE Conditional Certificate - Step 9 of 18

You are requesting a CTE Conditional Certificate.



Affidavit:

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. The intentional misrepresentation of a material fact in this form subjects the holder to revocation of his/her certificate pursuant to chapter 181-85 WAC.

Once you have answered the question click on the Next button.

Continue - Please continue the wizard.

Cancel - Please cancel the wizard.

 **Previous** **Next** 

Step 10 is a continuance of the affidavit. The educator must answer all the questions.

- Answer questions by clicking on the radio button for Yes or No.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Educator CTE Conditional Certificate - Step 10 of 18

You are requesting a CTE Conditional Certificate.

Please complete the following questions carefully and completely before providing information and signing the affidavit.

Section II - Professional Fitness

Yes	No	Question
1. <input type="radio"/>	<input type="radio"/>	Have you ever held or do you currently hold a Washington education certificate?
2. <input type="radio"/>	<input type="radio"/>	Have you ever held or do you currently hold any education certificate, credential, or license authorizing service in the public/private schools in another state, province, territory, or country? If "yes," list the states, provinces, territories, and/or countries in the explanation.
3. <input type="radio"/>	<input type="radio"/>	Are you currently or have you ever been the subject of any certificate or licensing investigation or inquiry by any certification or licensing agency for allegations of misconduct? If "yes," in the explanation box below, list the agency, including complete address and telephone number as well as the purpose of the investigation or inquiry.
4. <input type="radio"/>	<input type="radio"/>	Have you ever had any adverse action taken on any certificate or license? (Adverse action includes letters of warning, reprimands, suspensions (including stayed), revocations, voluntary surrenders, or voidance.)
5. <input type="radio"/>	<input type="radio"/>	Have you ever been denied, or otherwise rejected for cause, an education certificate, credential, or license?
6. <input type="radio"/>	<input type="radio"/>	Have you ever withdrawn an application for any education certificate, credential, or license?
7. <input type="radio"/>	<input type="radio"/>	Have you ever practiced in any educational position in a public school for which you did not hold the appropriate valid educational certificate, credential, or license for that position?
8. <input type="radio"/>	<input type="radio"/>	Have you ever been dismissed, discharged, or fired from any employment position involving children or dependent adults? (Do not include RIFs)
9. <input type="radio"/>	<input type="radio"/>	Have you ever resigned from or otherwise left any employment (e.g. settlement agreement) while allegations of misconduct were pending?
10. <input type="radio"/>	<input type="radio"/>	Have you ever been disciplined by a past or present employer because of allegations of misconduct?
11. <input type="radio"/>	<input type="radio"/>	Are you currently or have you ever been the subject of any investigation or inquiry by an employer because of allegations of misconduct?

Once you have answered the questions click on the Next button.

Continue - Please continue the wizard.
 Cancel - Please cancel the wizard.

[Previous](#) [Next](#)

Step 11 pertains to the educator’s Criminal History. The educator must answer the Yes or No questions by clicking on the radio buttons.

- Answer questions by clicking on the radio button for Yes or No.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Educator CTE Conditional Certificate - Step 11 of 18

You are requesting a CTE Conditional Certificate.
Please complete the following questions carefully and completely before providing information and signing the affidavit.

Section III - Criminal History

If you answer "yes" to questions 1 through 5 (Section III), please provide the following:

- A. In the explanation box below state the following:
 - a. A detailed statement including what occurred, the nature of the offense, charge or warrant
 - b. The name and address of the arresting agency.
 - c. If a court was involved, the name and address of the court.
 - d. The date of the arrest.
 - e. The final disposition, if any.
- B. If a court was involved, provide a copy of the court docket (can be obtained at the court in which the charge(s) were filed).
- C. Provide a copy of the complete arresting officer's report.
- D. If the arrest was driving related, provide a copy of a current and complete 5-year driving abstract.

NOTE: For questions 1,2,3, DO NOT include minor in possession (MIP)/minor in consumption (MIC) occurring more than 2 years ago or driving under the influence (DUI) occurring more than 5 years ago.

Yes	No	Question
<input type="radio"/>	<input type="radio"/>	1. In the last 10 years, have you ever been arrested for any crime or violation of the law? (DO NOT include minor in possession (MIP)/minor in consumption (MIC) occurring more than 2 years ago or driving under the influence (DUI) occurring more than 5 years ago.) (Note, For "yes" responses to 1,2,3, even if your case was dismissed or your record was sealed you must answer this question in the affirmative.) You need not list traffic violations for which a fine or forfeiture of less than \$300 was imposed.
<input type="radio"/>	<input type="radio"/>	2. In the last 10 years, have you ever been fingerprinted as a result of any arrest for any crime or violation of the law?
<input type="radio"/>	<input type="radio"/>	3. In the last 10 years, have you ever been convicted of any crime or violation of any law? (Note: For the purpose of this question "convicted" includes (1) all instances in which a plea of guilty or nolo contendere is the basis of conviction, (2) all proceedings in which a sentence has been suspended or deferred, (3) or bail forfeiture.) You need not list traffic violations or fines for which a fine or forfeiture of less than \$300 was imposed.
<input type="radio"/>	<input type="radio"/>	4. Have you ever been convicted of any felony crime?
<input type="radio"/>	<input type="radio"/>	5. Do you currently have any outstanding criminal charges or warrants of arrest pending against you? This would include Washington State, any other state, province, territory, and/or country.
<input type="radio"/>	<input type="radio"/>	6. Have you ever been or are you presently under investigation in any jurisdiction for possible criminal charges? If your answer is "yes," identify agency and location (street address, city, state) and the circumstances or details relating to the investigation in the explanation box below.

Once you have answered the questions click on the Next button.

Continue - Please continue the wizard.
 Cancel - Please cancel the wizard.

[Previous](#) [Next](#)

Step 12 requires the educator to answer fitness questions. The educator must answer each question.

- Answer questions by clicking on the radio button for Yes or No.

Educator CTE Conditional Certificate - Step 12 of 18

You are requesting a CTE Conditional Certificate.

Please complete the following questions carefully and completely before providing information and signing the affidavit.

Section IV - Fitness

.....

If you answer "yes" to any question (Section IV), provide a written explanation in the box below.

	Yes	No	N/A	Question
1.	<input type="radio"/>	<input type="radio"/>		Have you ever exhibited and behavior or conduct which might negatively impact your ability to serve in a role which requires a certificate, credential, or license?
2.	<input type="radio"/>	<input type="radio"/>		In the past 10 years, have you ever engaged in any conduct which resulted in the damage or destruction of property? (For purposes of questions 2 and 3, property includes both real and personal property owned by you or another. Do not list damages done as the result of an automobile accident.)
3.	<input type="radio"/>	<input type="radio"/>		In the last 10 years have you ever threatened to damage or destroy property?
4.	<input type="radio"/>	<input type="radio"/>		Have you ever engaged in any conduct which resulted in the physical injury or harm of any person(s)? (Do not list injury or harm caused as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.)
5.	<input type="radio"/>	<input type="radio"/>		Have you ever threatened to do physical injury or harm to any person(s)? (Do not list injury or harm caused as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.)

- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

6. Do you have a medical condition which in any way impairs or limits your ability to serve in a certificated role with reasonable skill and safety?

7. If you use chemical substance(s), does this use in any way impair or limit your ability to serve in a certificated role with reasonable skill and safety?

7a. If you disclosed a "yes" answer to questions 6 or 7 above, are the limitations or impairments caused by your medical condition(s) or substance abuse reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? Please explain in the box below and provide the name, address, and telephone number of the program.

8. Do you currently use illegal drugs?

9. Have you used illegal drugs in the last year?

9a. If you disclosed a "yes" answer to question 9 above, have you successfully completed or are you participating in a supervised rehabilitation program? Please explain in the box below and provide the name, address, and telephone number of the program.

If you answer "yes" to questions 10 or 11, attach copies of any court orders entered in the proceeding.

10. Have you ever been found in any dependency or domestic relation matter to have sexually assaulted or exploited any minor?

11. Have you ever been found in any dependency or domestic relation matter to have physically abused any person.

If you answer "yes" to questions 12 or 13, and a repayment agreement has been established, attach copies of the repayment agreement from the appropriate agency.



12. Are you currently in default status on any educational loan or scholarship? (Do not include loans that are currently in a compliant deferment status.)

13. Are you currently in non-compliance with a support order?

Once you have answered the questions click on the Next button.

Continue - Please continue the wizard.

Cancel - Please cancel the wizard.

 Previous Next 

In Step 14 the educator is asked to provide 3 references. Once the information is entered, the educator clicks on Next to continue.

- Enter data in required fields.
- Click on drop-down arrow to select answer for State.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to Continue.

Educator CTE Conditional Certificate - Step 14 of 18

You are requesting a CTE Conditional Certificate.
Provide character information requested below.

Section V - Character References

List three individuals, not related to you, who will serve as character references.

Character Reference 1

Name:

Mailing Address:

City:

State:

Zip:

Telephone Number: () -

E-mail Address:

Character Reference 2

Name:

Mailing Address:

City:

State:

Zip:

Telephone Number: () -

E-mail Address:

Character Reference 3

Name:

Mailing Address:

City:

State:

Zip:

Telephone Number: () -

E-mail Address:

Once you have entered the information click on the Next button.

Continue - Please continue the wizard.
 Cancel - Please cancel the wizard.

[Previous](#) [Next](#)

Step 15 is an affidavit. By clicking on the checkbox, the educator is signing the affidavit.

- Click on checkbox.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Educator CTE Conditional Certificate - Step 15 of 18

You are requesting a CTE Conditional Certificate.

Please review and electronically sign the below affidavit.

Affidavit:

I certify (or declare) under the penalty of perjury under the laws of the state of Washington that the foregoing and all information included in the application is true and correct.

If the information provided or answer(s) to any question on the application or character and fitness supplement changes prior to my being granted certification, I must immediately notify the Office of Professional Practices and my college/university if I am a college/university candidate.

I understand I must answer this application truthfully and completely. Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification, or in the case of a certificate holder, reprimand, suspension, or revocation of the renewal certificate, credential, or license.

Once you have answered the question click on the Next button.

Continue - Please continue the wizard.

Cancel - Please cancel the wizard.

Previous Next

Step 16 allows the educator to pay by credit card for their application. The educator enters card information and clicks on Next to continue. Note the amount to be charged to the educator is shown in the Amount field box. This field is disabled so the amount does not change.

- Fill out all required fields.
- Click on the drop-down arrows to select applicable answer.
- Follow numeric format for entered numbers.
- Follow date format when entering date.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Educator CTE Conditional Certificate - Step 16 of 18

You are requesting a CTE Conditional Certificate.

Please enter your payment information and click Next.

Payment Type: Credit Card *

Credit Card #: * no spaces or dashes

Expiration Date: * (Example: 08/11)

Verification Code: *

Please provide the name on the credit card. You must also provide the billing address for the credit card being used and this address must match the address on the credit card statement (the holder of the credit card's address, not the bank's address).

Name on Credit Card: *

Address Line 1: 123 Main St. *

Address Line 2:

City: Springfield *

State: Illinois *

Zip: 62711 *

Email: *

Amount: \$43.00 *

.....

Once you have entered the required data click on the **Submit** button.

Save - Please save the fee information.

Cancel - Please cancel the wizard.

Previous Next

Step 17 allows the educator to edit any of the information he or she entered before applying for the application. There is an edit link for each section; therefore, if the user wishes to change address information, they click on the edit link directly across from the Address heading.

- If applicable, click on the edit link to make any changes to the information already entered.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Apply to complete application.

The screenshot shows a web form titled "Educator CTE Conditional Certificate - Step 17 of 18". The form contains the following sections:

- Profile** (edit link):
 - Name:
 - SSN:
 - Gender:
 - Print Name:
 - Birth Date:
 - Former:
 - Ethnicity: **Unknown/Not Provided**
- Address** (edit link):
 - Mailing Address:
 - City State, Zip: **Springfield IL, 62711**
 - Country: **US**
- Contact** (edit link):
 - Home Phone:
 - Email Address:
- Payment** (edit link):
 - Credit Card #: *****
 - Expiration Date:
 - CC Verification:
 - CC Name:
 - CC Address Line 1:
 - CC Address Line 2:
 - CC City: **Springfield**
 - CC State: **IL**
 - CC Zip:
 - CC Email:
 - Amount: **\$43.00**

Below the sections, there is a warning: "Once you have reviewed the information click on the Apply button to submit your credential application. After clicking submit, it may take up to one minute to approve the transaction. Do not refresh the screen or click on any buttons or you may be double charged." Below this warning are two radio buttons: "Apply - Please accept my credential application." (selected) and "Cancel - Please cancel the wizard." At the bottom of the form are two buttons: "Previous" (with a left arrow icon) and "Apply" (with a right arrow icon).

Step 18 completes the process by clicking on Submit. The educator will then be navigated to their credential screen.

- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click on Submit to complete the application process.

Educator CTE Conditional Certificate - Step 18 of 18

You are requesting a CTE Conditional Certificate.

Please review the following information.

You have successfully applied for your new Washington teaching credential.

Your certificate has been routed to a certification specialist for review.

Once the specialist has reviewed your file a detailed statement will be sent that outlines what tasks you need to perform to have your credential issued. Applications are reviewed in the order in which they are received. During peak periods that review process can take up to eight weeks but typically takes a few weeks.

[Click here to view your new credential information.](#).....

Review the outcome of your application and click Submit.

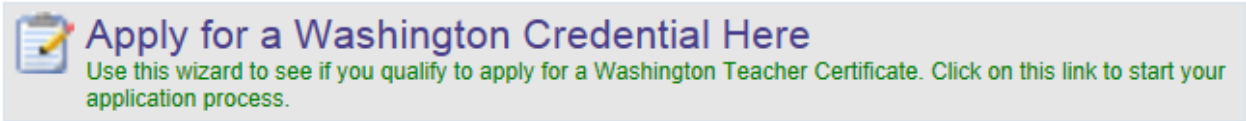
Continue - Please continue the wizard.

Cancel - Please cancel the wizard.

[Previous](#) [Submit](#)

Apply for a Washington Credential

This link will be displayed on the educator’s home page when they are qualified to apply for a Washington Teacher Certificate. By clicking on the link, the educator will be navigated to the Educator Application List where available applications are displayed.



 **Apply for a Washington Credential Here**
Use this wizard to see if you qualify to apply for a Washington Teacher Certificate. Click on this link to start your application process.

To begin the process of applying for a Washington Credential, the educator clicks on the link, Apply for Credential. This particular credential the user guide is demonstrating is an administrative certificate.

Educator Application List			
Available Applications			
Document Code	Description	Certificate Groups	Apply
4001	Administrator Certification Application	Administrative	Apply For Credential
4098	ESA Residency Certificate Application - School Counselor, Psychologist	Educational Staff Associate	Apply For Credential
4099	ESA Initial Certificate Application	Educational Staff Associate	Apply For Credential

Step 1 of the Administrative Certificate wizard is an informational introduction to the application process.

- Read carefully the explanation provided in Step 1.
- To terminate the application process, click Cancel, Next.
- Click Next to continue.

Administrator Certificate - Step 1 of 20

You are requesting an Administrative Certificate.

Thank you for choosing to apply for your Washington educator certificate! The following wizard will walk you through the application process and gather the information needed to process your request.

NOTE: Once the application process has been started, you must fully complete and submit the application. If you stop in the middle, you will complete all application screens again. We anticipate that this process will take you approximately 15-30 minutes, so please ensure that you have enough time to complete the application.

You will need the following information in order to complete your application:

- Credit card or bank account information to pay for your application.
- Evidence regarding your good moral character and personal fitness. Depending on your answers to the character and fitness supplement questions, you may be asked to provide additional information, either in written form or an upload of an electronic document in Adobe Portable Document File (PDF) format.
- A list of all states where you hold, or have held, an educator certification.
- A list of every community college and four-year institution you have attended since graduating from high school. This information should be filled out before completing your application under My Credentials > Educator > Educator History.
- A list of public school and/or private school work experience. This information should be filled out before completing your application under My Credentials > Educator > Work History > Professional Education Experience.
- A list of other employment experience. This information should be filled out before completing your application under My Credentials > Educator > Work History > Other Employment Experience.
- You will need to provide official transcripts by mail for this application. You may upload within this application a PDF of your transcripts, however, official transcript will need to be mailed to our office for final evaluation (mailing address is noted within this application wizard).

Once you have read the above click on the Next button.

Continue - Please continue the wizard.

Cancel - Please cancel the wizard.

Next

Step 2 asks the educator to verify his or her Washington State Certificate number. Once verification is made, the educator clicks Next to continue.

- Verify certificate number.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Administrator Certificate - Step 2 of 20

You are requesting an Administrative Certificate.

Is the Washington Certificate Number below correct?

Your Washington State Certificate #:
XXXXXXXXXX

Once you have answered the question click on the Next button.

No, the information above is not correct.
 Yes, the information above is correct.
 Cancel - Please cancel the wizard.

Previous Next

Step 3 display's the educator's Education Experience. If this is not correct, the educator clicks on "No, the information is not correct" and the educator will be directed to a screen that will allow him or her to update or edit their education experience. This will cause the educator to restart the application process. By clicking Yes, the educator is verifying their Education Experience. Once verified, the educator clicks on Next.

- If information is incorrect, click No.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- If information is correct, click Yes, then click Next to continue.

Administrator Certificate - Step 3 of 20

You are requesting an Administrative Certificate.

Is your employment experience correct? If you choose no, you will be redirected to a screen that will allow you to update/edit your employment experience and you will have to restart this process.

Professional Education Experience

Grades	Begin Date	End Date	District	City	State	No. of Days if Less Than Full-Time
No Records Found						

Other Employment Experience

Employer	Begin Date	End Date	Total Hours	Paid?	Position	Duties	Telephone Number	Supervisor Name/Address
test	2/2/2010	3/3/2011	55	Yes	test	test	(333) 333-3333	

Once you have answered the question click on the Next button.

No, the information above is not correct.
 Yes, the information above is correct.
 Cancel - Please cancel the wizard.

Previous Next

Step 4 requires the educator to enter the school year and program area or courses. Once information has been entered, the educator clicks on Next to continue.

- Enter required information.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Administrator Certificate - Step 4 of 20

You are requesting an Administrative Certificate.

Is your education experience correct? If you choose no, you will be redirected to a screen that will allow you to update/edit your education experience and you will have to restart this process.

Your Education Experience:

Institution	Begin Date	End Date	Degree	Credits Earned	Post Grad. Credits Earned
No Records Found					

Once you have answered the question click on the Next button.

No, the information above is not correct.

Yes, the information above is correct.

Cancel - Please cancel the wizard.

Previous Next

Educators are asked to list all states in which they hold or have held an educational certificate in Step 5.

- If applicable, in the text box, list states.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Administrator Certificate - Step 5 of 20

You are requesting an Administrative Certificate.

List all states, other than Washington, in which you hold or have held educational certification.

Other State Certification:

Once you have answered the question click on the Next button.

Continue

Cancel - Please cancel the wizard.

Previous Next

In Step 6, the educator is asked to select the certificate and the level of certificate he or she is requesting. In some cases not all choices may be available to the educator. If this is the case, the option will be disabled.

- Click on the checkbox to select the requested certificate.
- Click on the radio button to select level of certificate.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Administrator Certificate - Step 6 of 20

You are requesting an Administrative Certificate.

Certificate(s) requested:

- Principal
- Program Administrator
- Superintendent

Level of Certificate Requested:

- Residency (principal and program administrator only)
- Initial (Supt only)
- Continuing

Once the above information is complete click on the Next button.

- Continue - Please continue the wizard.
- Cancel - Please cancel the wizard.

Previous Next

Step 7 allows the educator to upload any applicable forms/documents. The documentation must be provided in PDF. There is a link, Add Attachment, to upload any information the educator wishes to submit. Provided on the wizard is OSPI's address in the event the educator is unable to upload documentation.

- Click on the link, Add Attachment.
- Select file.
- Click Open.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Administrator Certificate - Step 7 of 20

You are requesting an Administrative Certificate.

You may now upload any requested forms that you have completed and had signed by the appropriate organization. Uploaded forms must be provided in Adobe Portable Document Format (PDF).

If you are unable to upload completed documents, please mail them to the Office of Superintendent of Public Instruction for Processing.

Professional Certification
PO Box 47200
Olympia, WA 98504-7200

View	Description	Page Count	Create Info
No Records Found			

[Add Attachment](#)

Once you have uploaded all documents click on the Next button.

- Continue - Please continue the wizard.
- Cancel - Please cancel the wizard.

Previous Next

The Add Educator Image window is launched. The educator enters a description of the attached document. By clicking on the Browse button, the educator can attach the specific document. Once document is selected, click on Submit.

Add Educator Image - Step 1 of 1

Add Educator Image

Please enter the image information and press the Submit button.

Educator: *

Description:

Document: Browse... *

.....

Once you have entered the required data click on the Submit button.

Save - Please save the image.

Cancel - Please cancel the wizard.

Submit

The next step asks the educator to update their personal information if necessary.

If applicable:

- Enter information in required fields.
- Click on drop-down arrow and select answer.
- Use specific format for date.
- Click on one of the checkboxes.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Administrator Certificate - Step 8 of 20

You are requesting an Administrative Certificate.

Please edit the profile information and click the Next button.

File Location:

Teacher Number: 505872B

SSN:

First Name:

Middle Name:

Last Name:

Former Name:

Print Name:

Suffix:

Gender: Male

Birth Date: MM/DD/YYYY

Ethnicity: Unknown/Not Provided

Race:

- American Indian or Alaska Native
- Asian
- Black or African American
- Caucasian or White
- Native Hawaiian or Other Pacific Islander

Educator Status: Active

Once you have entered the required data click on the Next button.

Continue - Please continue the wizard.

Cancel - Please cancel the wizard.

Step 9 is part of the profile update. The educator can change any information if necessary.

If applicable:

- Enter information in required fields.
- Click on drop-down arrow and select answer.
- Click Next to continue.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.

Administrator Certificate - Step 9 of 20

You are requesting an Administrative Certificate.

Please edit the address information and click the Next button.

Mailing Address: x *

City: *

Country: v *

State: v *

Zip Code: *

.....

Once you have entered the required data click on the Next button.

Continue - Please continue the wizard.

Cancel - Please cancel the wizard.

Previous Next

The educator can change any contact information in Step 10.

If applicable:

- Edit any information.
- Use numbers for numeric fields.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Administrator Certificate - Step 10 of 20

You are requesting an Administrative Certificate.

Please edit the contact information and click the Submit button.

Work Phone: () - ext.

Home Phone: (217) 555 - 1212

Alternate Phone: () -

Fax Phone: () -

Email Address:

.....

Once you have entered the required data click on the Submit button.

Save - Please save the profile information.

Cancel - Please cancel the wizard

Previous Next

Step 11 is an affidavit. By clicking on the checkbox, the educator is electronically signing the affidavit.

- Click on the checkbox.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Administrator Certificate - Step 11 of 20

You are requesting an Administrative Certificate.

Affidavit:

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing and all information included in this application is true and correct. If the answers to any question on the application or the character and fitness supplement on the application change prior to my being granted certification, I must immediately notify Professional Education and Certification at OSPI.

Once you have answered the question click on the Next button.

Continue - Please continue the wizard.

Cancel - Please cancel the wizard.

[← Previous](#) [Next →](#)

Step 12 is a continuance of the affidavit. The educator must answer all the questions.

- Answer questions by clicking on the radio button for Yes or No.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Administrator Certificate - Step 12 of 20

You are requesting an Administrative Certificate.

Please complete the following questions carefully and completely before providing information and signing the affidavit.

Section II - Professional Fitness

Yes	No	Question
<input type="radio"/>	<input type="radio"/>	1. Have you ever held or do you currently hold a Washington education certificate?
<input type="radio"/>	<input type="radio"/>	2. Have you ever held or do you currently hold any education certificate, credential, or license authorizing service in the public/private schools in another state, province, territory, or country? If "yes," list the states, provinces, territories, and/or countries in the explanation.
<input type="radio"/>	<input type="radio"/>	3. Are you currently or have you ever been the subject of any certificate or licensing investigation or inquiry by any certification or licensing agency for allegations of misconduct? If "yes," in the explanation box below, list the agency, including complete address and telephone number as well as the purpose of the investigation or inquiry.
<input type="radio"/>	<input type="radio"/>	4. Have you ever had any adverse action taken on any certificate or license? (Adverse action includes letters of warning, reprimands, suspensions (including stayed), revocations, voluntary surrenders, or voidance.)
<input type="radio"/>	<input type="radio"/>	5. Have you ever been denied, or otherwise rejected for cause, an education certificate, credential, or license?
<input type="radio"/>	<input type="radio"/>	6. Have you ever withdrawn an application for any education certificate, credential, or license?
<input type="radio"/>	<input type="radio"/>	7. Have you ever practiced in any educational position in a public school for which you did not hold the appropriate valid educational certificate, credential, or license for that position?
<input type="radio"/>	<input type="radio"/>	8. Have you ever been dismissed, discharged, or fired from any employment position involving children or dependent adults? (Do not include RIFs)
<input type="radio"/>	<input type="radio"/>	9. Have you ever resigned from or otherwise left any employment (e.g. settlement agreement) while allegations of misconduct were pending?
<input type="radio"/>	<input type="radio"/>	10. Have you ever been disciplined by a past or present employer because of allegations of misconduct?
<input type="radio"/>	<input type="radio"/>	11. Are you currently or have you ever been the subject of any investigation or inquiry by an employer because of allegations of misconduct?

Once you have answered the questions click on the Next button.

Continue - Please continue the wizard.
 Cancel - Please cancel the wizard.

[Previous](#) [Next](#)

Step 13 pertains to the educator’s Criminal History. The educator must answer the Yes or No questions by clicking on the radio buttons.

- Answer questions by clicking on the radio button for Yes or No.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Administrator Certificate - Step 13 of 20

You are requesting an Administrative Certificate.

Please complete the following questions carefully and completely before providing information and signing the affidavit.

Section III - Criminal History

If you answer "yes" to questions 1 through 5 (Section III), please provide the following:

- A. In the explanation box below state the following:
 - a. A detailed statement including what occurred, the nature of the offense, charge or warrant
 - b. The name and address of the arresting agency.
 - c. If a court was involved, the name and address of the court.
 - d. The date of the arrest.
 - e. The final disposition, if any.
- B. If a court was involved, provide a copy of the court docket (can be obtained at teh court in which the charge(s) were filed).
- C. Provide a copy of the complete arresting officer's report.
- D. If the arrest was driving related, provide a copy of a current and complete 5-year driving abstract.

NOTE: For questions 1,2,3, DO NOT include minor in possession (MIP)minor in consumption (MIC) occurring more than 2 years ago or driving under the influence (DUI) occurring more than 5 years ago.

Yes	No	Question
<input type="radio"/>	<input type="radio"/>	1. In the last 10 years, have you ever been arrested for any crime or violation of the law? (DO NOT include minor in possession (MIP)minor in consumption (MIC) occurring more than 2 years ago or driving under the influence (DUI) occurring more than 5 years ago.) (Note: For "yes" responses to 1,2,3, even if your case was dismissed or your record was sealed you must answer this question in the affirmative.) You need not list traffic violations for which a fine or forfeiture of less than \$300 was imposed.
<input type="radio"/>	<input type="radio"/>	2. In the last 10 years, have you ever been fingerprinted as a result of any arrest for any crime or violation of the law?
<input type="radio"/>	<input type="radio"/>	3. In the last 10 years, have you ever been convicted of any crime or violation of any law? (Note: For the purpose of this question "convicted" includes (1) all instances in which a plea of guilty or nolo contendere is the basis of conviction, (2) all proceedings in which a sentence has been suspended or deferred, (3) or bail forfeiture.) You need not list traffic violations or fines for which a fine or forfeiture of less than \$300 was imposed.
<input type="radio"/>	<input type="radio"/>	4. Have you ever been convicted of any felony crime?
<input type="radio"/>	<input type="radio"/>	5. Do you currently have any outstanding criminal charges or warrants of arrest pending against you? This would include Washington State, any other state, province, territory, and/or country.
<input type="radio"/>	<input type="radio"/>	6. Have you ever been or are you presently under investigation in any jurisdiction for possible criminal charges? If your answer is "yes," identify agency and location (street address, city, state) and the circumstances or details relating to the investigation in the explanation box below.

Once you have answered the questions click on the Next button.

Continue - Please continue the wizard.

Cancel - Please cancel the wizard.

[Previous](#) [Next](#)

Step 14 requires the educator to answer fitness questions. The educator must answer each question.

- Answer questions by clicking on the radio button for Yes or No.

Administrator Certificate - Step 14 of 20

You are requesting an Administrative Certificate.

Please complete the following questions carefully and completely before providing information and signing the affidavit.

Section IV - Fitness

.....
If you answer "yes" to any question (Section IV), provide a written explanation in the box below.
.....

	Yes	No	N/A	Question
1.	<input type="radio"/>	<input type="radio"/>		Have you ever exhibited and behavior or conduct which might negatively impact your ability to serve in a role which requires a certificate, credential, or license?
2.	<input type="radio"/>	<input type="radio"/>		In the past 10 years, have you ever engaged in any conduct which resulted in the damage or destruction of property? (For purposes of questions 2 and 3, property includes both real and personal property owned by you or another. Do not list damages done as the result of an automobile accident.)
3.	<input type="radio"/>	<input type="radio"/>		In the last 10 years have you ever threatened to damage or destroy property?
4.	<input type="radio"/>	<input type="radio"/>		Have you ever engaged in any conduct which resulted in the physical injury or harm of any person(s)? (Do not list injury or harm caused as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.)
5.	<input type="radio"/>	<input type="radio"/>		Have you ever threatened to do physical injury or harm to any person(s)? (Do not list injury or harm caused as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.)

- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

6. Do you have a medical condition which in any way impairs or limits your ability to serve in a certificated role with reasonable skill and safety?

7. If you use chemical substance(s), does this use in any way impair or limit your ability to serve in a certificated role with reasonable skill and safety?

7a. If you disclosed a "yes" answer to questions 6 or 7 above, are the limitations or impairments caused by your medical condition(s) or substance abuse reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? Please explain in the box below and provide the name, address, and telephone number of the program.

8. Do you currently use illegal drugs?

9. Have you used illegal drugs in the last year?

9a. If you disclosed a "yes" answer to question 9 above, have you successfully completed or are you participating in a supervised rehabilitation program? Please explain in the box below and provide the name, address, and telephone number of the program.

If you answer "yes" to questions 10 or 11, attach copies of any court orders entered in the proceeding.

10. Have you ever been found in any dependency or domestic relation matter to have sexually assaulted or exploited any minor?

11. Have you ever been found in any dependency or domestic relation matter to have physically abused any person.



If you answer "yes" to questions 12 or 13, and a repayment agreement has been established, attach copies of the repayment agreement from the appropriate agency.

12. Are you currently in default status on any educational loan or scholarship? (Do not include loans that are currently in a compliant deferment status.)

13. Are you currently in non-compliance with a support order?

Once you have answered the questions click on the Next button.

Continue - Please continue the wizard.
 Cancel - Please cancel the wizard.

 Previous  Next

In Step 16 the educator is asked to provide 3 references. Once the information is entered, the educator clicks on Next to continue.

- Enter data in required fields.
- Click on drop-down arrow to select answer for State.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to Continue.

Administrator Certificate - Step 16 of 20

You are requesting an Administrative Certificate.

Provide character information requested below.

Section V - Character References

List three individuals, not related to you, who will serve as character references.

Character Reference 1

Name: *

Mailing Address: *

City: *

State: ▼ *

Zip: *

Telephone Number: () - *

E-mail Address:

Character Reference 2

Name: *

Mailing Address: *

City: *

State: ▼ *

Zip: *

Telephone Number: () - *

E-mail Address:

Character Reference 3

Name: *

Mailing Address: *

City: *

State: ▼ *

Zip: *

Telephone Number: () - *

E-mail Address:

Once you have entered the information click on the Next button.


Continue - Please continue the wizard.

Cancel - Please cancel the wizard.

Previous Next

Step 17 is an affidavit. By clicking on the checkbox, the educator is signing the affidavit.

- Click on checkbox.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Administrator Certificate - Step 17 of 20 

You are requesting an Administrative Certificate.

Please review and electronically sign the below affidavit.

Affidavit:

I certify (or declare) under the penalty of perjury under the laws of the state of Washington that the foregoing and all information included in the application is true and correct.



If the information provided or answer(s) to any question on the application or character and fitness supplement changes prior to my being granted certification, I must immediately notify the Office of Professional Practices and my college/university if I am a college/university candidate.

I understand I must answer this application truthfully and completely. Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification, or in the case of a certificate holder, reprimand, suspension, or revocation of the renewal certificate, credential, or license.

Once you have answered the question click on the Next button.

Continue - Please continue the wizard.

Cancel - Please cancel the wizard.

 Previous Next 

Step 18 allows the Educator to pay by credit card for their application. The educator enters card information and clicks on Next to continue. Note the amount to be charged to the educator is shown in the Amount field box. This field is disabled so the amount does not change.

- Fill out all required fields.
- Click on the drop-down arrows to select applicable answer.
- Follow numeric format for entered numbers.
- Follow date format when entering date.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Administrator Certificate - Step 18 of 20

You are requesting an Administrative Certificate.

Please enter your payment information and click Next.

Payment Type: Credit Card *

Credit Card #: * no spaces or dashes

Expiration Date: * (Example: 08/11)

Verification Code: *

Please provide the name on the credit card. You must also provide the billing address for the credit card being used and this address must match the address on the credit card statement (the holder of the credit card's address, not the bank's address).

Name on Credit Card: *

Address Line 1: 123 Main St. *

Address Line 2:

City: Springfield *

State: Illinois *

Zip: 62711 *

Email: *

Amount: \$68.00 *

Once you have entered the required data click on the Submit button.

Save - Please save the fee information.

Cancel - Please cancel the wizard.

Previous Next

Step 19 allows the educator to edit any of the information he or she entered before applying for the application. There is an edit link for each section; therefore, if the user wishes to change address information, they click on the edit link directly across from the Address heading.

- If applicable, click on the edit link to make any changes to the information already entered.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Apply to complete application.

Administrator Certificate - Step 19 of 20

You are requesting an Administrative Certificate.

Please review the information below. Once you have reviewed the information click the Apply link. By clicking the Apply link you are electronically signing this application and authorizing the Washington State Office of Superintendent of Public Instruction to charge your credit card for the listed application amount.

— Profile — (edit)

Name:
SSN: Birth Date:
Gender: Former:
Print Name: Ethnicity: **Unknown/Not Provided**

— Address — (edit)

Mailing Address:
City State, Zip: **Springfield IL, 62711**
Country: **US**

— Contact — (edit)



Home Phone:
Email Address:

— Payment — (edit)

Credit Card #: *****
Expiration Date
CC Verification
CC Name
CC Address Line 1
CC Address Line 2:
CC City: **Springfield**
CC State: **IL**
CC Zip: **62711**
CC Email:
Amount: **\$68.00**

Once you have reviewed the information click on the Apply button to submit your credential application. After clicking submit, it may take up to one minute to approve the transaction. Do not refresh the screen or click on any buttons or you may be double charged.

Apply - Please accept my credential application.
 Cancel - Please cancel the wizard.

 Previous Apply 

Step 20 completes the process by clicking on Submit. The educator will then be navigated to their credential screen.

- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click on Submit to complete the application process.

Administrator Certificate - Step 20 of 20

You are requesting an Administrative Certificate.

Please review the following information.

Your online application has been processed and your new certificate is now pending review by a certification specialist. Applications are processed in the order they are received. Processing time during busy periods may take up to eight weeks.

Review the outcome of your application and click Submit.

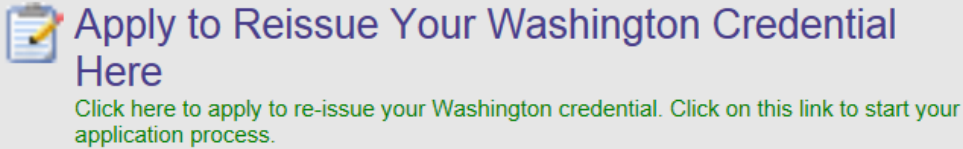
Continue - Please continue the wizard.

Cancel - Please cancel the wizard.

[← Previous](#) [Submit →](#)

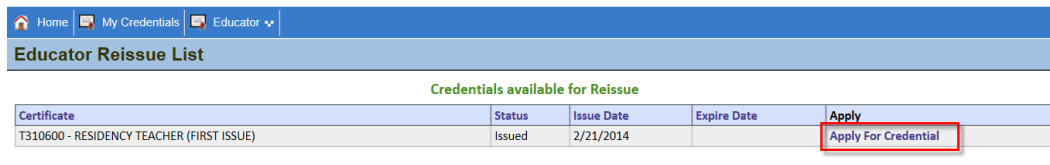
Reissue Credentials

An educator can apply to reissue their Washington Credential by clicking on the link displayed below. If applicable, this link will be displayed on the Educator's Home Page.



Apply to Reissue Your Washington Credential Here
Click here to apply to re-issue your Washington credential. Click on this link to start your application process.

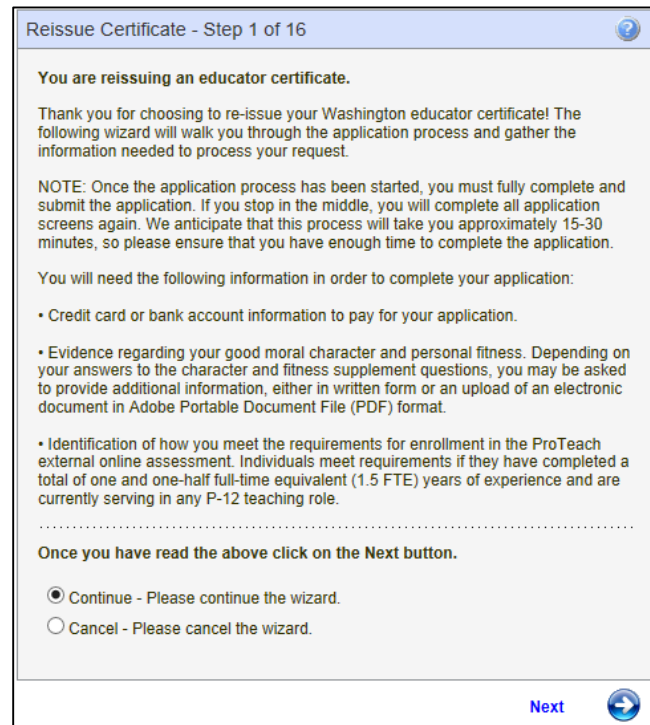
By clicking on the link, Apply to Reissue Your Washington Credential Here, the user is navigated to the Educator Reissue List screen. The credential(s) available for reissue will be listed. The educator clicks on the link, Apply for Credential to begin the application process.



Certificate	Status	Issue Date	Expire Date	Apply
T310600 - RESIDENCY TEACHER (FIRST ISSUE)	Issued	2/21/2014		Apply For Credential

Step 1 of the Reissue Certificate wizard is an informational introduction to the application process.

- Carefully read the explanation provided in Step 1.
- To terminate the application process, click Cancel, Next.
- Click Next to continue.



Reissue Certificate - Step 1 of 16

You are reissuing an educator certificate.

Thank you for choosing to re-issue your Washington educator certificate! The following wizard will walk you through the application process and gather the information needed to process your request.

NOTE: Once the application process has been started, you must fully complete and submit the application. If you stop in the middle, you will complete all application screens again. We anticipate that this process will take you approximately 15-30 minutes, so please ensure that you have enough time to complete the application.


You will need the following information in order to complete your application:

- Credit card or bank account information to pay for your application.
- Evidence regarding your good moral character and personal fitness. Depending on your answers to the character and fitness supplement questions, you may be asked to provide additional information, either in written form or an upload of an electronic document in Adobe Portable Document File (PDF) format.
- Identification of how you meet the requirements for enrollment in the ProTeach external online assessment. Individuals meet requirements if they have completed a total of one and one-half full-time equivalent (1.5 FTE) years of experience and are currently serving in any P-12 teaching role.

.....

Once you have read the above click on the Next button.

Continue - Please continue the wizard.
 Cancel - Please cancel the wizard.

[Next](#) 

Step 2 asks the educator to verify his or her Washington State Certificate number. Once verification is made, the educator clicks Next to continue.

- Verify certificate number.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Reissue Certificate

Is the Washington Certificate Number below correct?

Your Washington State Certificate #:
.....
.....

Once you have answered the question click on the Next button.

No, the information above is not correct.

Yes, the information above is correct.

Cancel - Please cancel the wizard.

Previous Next

Step 3 is an affidavit. Select the appropriate response. Click Next to continue.

- Click the applicable checkbox.
- Enter answer in textbox.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Reissue Certificate - Step 3 of 16

You are reissuing an educator certificate.

Affidavit:

I am employed as a teacher in a Washington school district and have been advised that I now need to reissue my residency certificate.
Name of school district:



I am employed with a private school, BIA school, institution or non-public agency providing services to children and wish to have my residency certificate reissued. Either I choose to seek reissuance or my employer requests that I have my residency certificate reissued.
Name of employer:

I was issued a residency certificate under previous rules that was valid for five years. I have not been employed in a Washington school district since it was issued and the expiration date should be removed. Please confirm with Professional Certification before using this option.

.....

Once you have answered the question click on the Next button.

Continue - Please continue the wizard.
 Cancel - Please cancel the wizard.

 Previous Next 

Step 4 houses the educator's profile information. If any changes are applicable, the educator can make the changes and click Next to continue.

If applicable:

- Enter information in required fields.
- Click on drop-down arrow and select answer.
- Use specific format for date.
- Click on one of the checkboxes.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Reissue Certificate - Step 4 of 16

You are reissuing an educator certificate.

Please edit the profile information and click the Next button.

File Location:

Teacher Number:

SSN: x *

First Name: *

Middle Name:

Last Name: *

Former Name:

Print Name:

Suffix:

Gender:

Birth Date: MM/DD/YYYY *

Ethnicity: *

Race:

- American Indian or Alaska Native
- Asian
- Black or African American
- Caucasian or White
- Native Hawaiian or Other Pacific Islander

Educator Status: *

Once you have entered the required data click on the Next button.

Continue - Please continue the wizard.

Cancel - Please cancel the wizard.

[Previous](#) [Next](#)

Steps 5 and 6 contain address and contact information. The educator can make changes if necessary and then click Next to continue.

If applicable:

- Enter information in required fields.
- Click on drop-down arrow and select answer.
- Click Next to continue.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.

The screenshot shows a window titled "Reissue Certificate - Step 5 of 16". The header text reads "You are reissuing an educator certificate. Please edit the address information and click the Next button." The form contains the following fields: "Mailing Address:" with the value "123 Main St.", "City:" with the value "Springfield", "Country:" with a dropdown menu showing "United States", "State:" with a dropdown menu showing "Illinois", and "Zip Code:" with the value "62711". Below the fields, there is a section titled "Once you have entered the required data click on the Next button." with two radio buttons: "Continue - Please continue the wizard." (which is selected) and "Cancel - Please cancel the wizard." At the bottom of the window are "Previous" and "Next" buttons with arrows.

If applicable:

- Edit any information.
- Use numbers for numeric fields.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

The screenshot shows a window titled "Reissue Certificate - Step 6 of 16". The header text reads "You are reissuing an educator certificate. Please edit the contact information and click the Next button." The form contains the following fields: "Work Phone:" with a format of "() - ext.", "Home Phone:" with the value "(217) 555 - 1212", "Alternate Phone:" with a format of "() -", "Fax Phone:" with a format of "() -", and "Email Address:" with an empty text box. Below the fields, there is a section titled "Once you have entered the required data click on the Next button." with two radio buttons: "Save - Please save the profile information." (which is selected) and "Cancel - Please cancel the wizard." At the bottom of the window are "Previous" and "Next" buttons with arrows.

Step 7 is an affidavit. By clicking the checkbox the educator is electronically signing the affidavit. Once the educator has read the information, clicks on the checkbox, he or she can continue by clicking Next.

- Click on the checkbox.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Reissue Certificate - Step 7 of 16

You are reissuing an educator certificate.

Please review and electronically sign the below affidavit.

Affidavit:

By completing and submitting this form I understand that I will be issued a residency certificate valid for 3 years. Once I hold a 3 year residency certificate I understand I will need to pursue completion of the requirements to obtain the professional teaching certificate.

I, certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. The intentional misrepresentation of a material fact in this form subjects the holder to revocation of his/her certificate.

Once you have answered the question click on the Next button.

Continue - Please continue the wizard.

Cancel - Please cancel the wizard.

Previous Next

Step 8 asks the educator to answer each question carefully before answering. Click Next to continue.

- Answer questions by clicking on the radio button for Yes or No.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Reissue Certificate - Step 8 of 16

You are reissuing an educator certificate.

Please complete the following questions carefully and completely before providing information and signing the affidavit.

Section II - Professional Fitness

Yes	No	Question
<input type="radio"/>	<input type="radio"/>	1. Have you ever held or do you currently hold a Washington education certificate?
<input type="radio"/>	<input type="radio"/>	2. Have you ever held or do you currently hold any education certificate, credential, or license authorizing service in the public/private schools in another state, province, territory, or country? If "yes," list the states, provinces, territories, and/or countries in the explanation.
<input type="radio"/>	<input type="radio"/>	3. Are you currently or have you ever been the subject of any certificate or licensing investigation or inquiry by any certification or licensing agency for allegations of misconduct? If "yes," in the explanation box below, list the agency, including complete address and telephone number as well as the purpose of the investigation or inquiry.
<input type="radio"/>	<input type="radio"/>	4. Have you ever had any adverse action taken on any certificate or license? (Adverse action includes letters of warning, reprimands, suspensions (including stayed), revocations, voluntary surrenders, or voidance.)
<input type="radio"/>	<input type="radio"/>	5. Have you ever been denied, or otherwise rejected for cause, an education certificate, credential, or license?
<input type="radio"/>	<input type="radio"/>	6. Have you ever withdrawn an application for any education certificate, credential, or license?
<input type="radio"/>	<input type="radio"/>	7. Have you ever practiced in any educational position in a public school for which you did not hold the appropriate valid educational certificate, credential, or license for that position?
<input type="radio"/>	<input type="radio"/>	8. Have you ever been dismissed, discharged, or fired from any employment position involving children or dependent adults? (Do not include RIFs)
<input type="radio"/>	<input type="radio"/>	9. Have you ever resigned from or otherwise left any employment (e.g. settlement agreement) while allegations of misconduct were pending?
<input type="radio"/>	<input type="radio"/>	10. Have you ever been disciplined by a past or present employer because of allegations of misconduct?
<input type="radio"/>	<input type="radio"/>	11. Are you currently or have you ever been the subject of any investigation or inquiry by an employer because of allegations of misconduct?

Once you have answered the questions click on the Next button.

Continue - Please continue the wizard.
 Cancel - Please cancel the wizard.

[Previous](#) [Next](#)

Step 9 pertains to criminal history. If any question is answered with a “yes”, the educator must provide the information listed in blue print. Once all questions have been answered, click Next to continue.

- Answer questions by clicking on the radio button for Yes or No.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Reissue Certificate - Step 9 of 16

You are reissuing an educator certificate.

Please complete the following questions carefully and completely before providing information and signing the affidavit.

Section III - Criminal History

If you answer "yes" to questions 1 through 5 (Section III), please provide the following:

A. In the explanation box below state the following:

- a. A detailed statement including what occurred, the nature of the offense, charge or warrant
- b. The name and address of the arresting agency.
- c. If a court was involved, the name and address of the court.
- d. The date of the arrest.
- e. The final disposition, if any.

B. If a court was involved, provide a copy of the court docket (can be obtained at the court in which the charge(s) were filed).

C. Provide a copy of the complete arresting officer's report.

D. If the arrest was driving related, provide a copy of a current and complete 5-year driving abstract.

NOTE: For questions 1,2,3, DO NOT include minor in possession (MIP)/minor in consumption (MIC) occurring more than 2 years ago or driving under the influence (DUI) occurring more than 5 years ago.

Yes	No	Question
<input type="radio"/>	<input type="radio"/>	1. In the last 10 years, have you ever been arrested for any crime or violation of the law? (DO NOT include minor in possession (MIP)/minor in consumption (MIC) occurring more than 2 years ago or driving under the influence (DUI) occurring more than 5 years ago.) (Note: For "yes" responses to 1,2,3, even if your case was dismissed or your record was sealed you must answer this question in the affirmative.) You need not list traffic violations for which a fine or forfeiture of less than \$300 was imposed.
<input type="radio"/>	<input type="radio"/>	2. In the last 10 years, have you ever been fingerprinted as a result of any arrest for any crime or violation of the law?
<input type="radio"/>	<input type="radio"/>	3. In the last 10 years, have you ever been convicted of any crime or violation of any law? (Note: For the purpose of this question "convicted" includes (1) all instances in which a plea of guilty or nolo contendere is the basis of conviction, (2) all proceedings in which a sentence has been suspended or deferred, (3) or bail forfeiture.) You need not list traffic violations or fines for which a fine or forfeiture of less than \$300 was imposed.
<input type="radio"/>	<input type="radio"/>	4. Have you ever been convicted of any felony crime?
<input type="radio"/>	<input type="radio"/>	5. Do you currently have any outstanding criminal charges or warrants of arrest pending against you? This would include Washington State, any other state, province, territory, and/or country.
<input type="radio"/>	<input type="radio"/>	6. Have you ever been or are you presently under investigation in any jurisdiction for possible criminal charges? If your answer is "yes," identify agency and location (street address, city, state) and the circumstances or details relating to the investigation in the explanation box below.

Once you have answered the questions click on the Next button.

Continue - Please continue the wizard.

Cancel - Please cancel the wizard.

[Previous](#) [Next](#)

The first part of Step 10 asks questions in regards to the educator's conduct.

- Answer questions by clicking on the radio button for Yes or No.

Reissue Certificate - Step 10 of 16

You are reissuing an educator certificate.

Please complete the following questions carefully and completely before providing information and signing the affidavit.

Section IV - Fitness

.....
If you answer "yes" to any question (Section IV), provide a written explanation in the box below.
.....

Yes	No	N/A	Question
1. <input type="radio"/>	<input type="radio"/>		Have you ever exhibited behavior or conduct which might negatively impact your ability to serve in a role which requires a certificate, credential, or license?
2. <input type="radio"/>	<input type="radio"/>		In the past 10 years, have you ever engaged in any conduct which resulted in the damage or destruction of property? (For purposes of questions 2 and 3, property includes both real and personal property owned by you or another. Do not list damages done as the result of an automobile accident.)
3. <input type="radio"/>	<input type="radio"/>		In the last 10 years have you ever threatened to damage or destroy property?
4. <input type="radio"/>	<input type="radio"/>		Have you ever engaged in any conduct which resulted in the physical injury or harm of any person(s)? (Do not list injury or harm caused as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.)
5. <input type="radio"/>	<input type="radio"/>		Have you ever threatened to do physical injury or harm to any person(s)? (Do not list injury or harm caused as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.)
6. <input type="radio"/>	<input type="radio"/>		Do you have a medical condition which in any way impairs or limits your ability to serve in a certificated role with reasonable skill and safety?
7. <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	If you use chemical substance(s), does this use in any way impair or limit your ability to serve in a certificated role with reasonable skill and safety?
7a. <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	If you disclosed a "yes" answer to questions 6 or 7 above, are the limitations or impairments caused by your medical condition(s) or substance abuse reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? Please explain in the box below and provide the name, address, and telephone number of the program.
8. <input type="radio"/>	<input type="radio"/>		Do you currently use illegal drugs?
9. <input type="radio"/>	<input type="radio"/>		Have you used illegal drugs in the last year?
9a. <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	If you disclosed a "yes" answer to question 9 above, have you successfully completed or are you participating in a supervised rehabilitation program? Please explain in the box below and provide the name, address, and telephone number of the program.

The second part of pertains to abuse and financial responsibility. Please note the information requested if the educator answers “yes” to any of the questions 10-13. Click Next to continue.

- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

If you answer "yes" to questions 10 or 11, attach copies of any court orders entered in the proceeding.

10. Have you ever been found in any dependency or domestic relation matter to have sexually assaulted or exploited any minor?

11. Have you ever been found in any dependency or domestic relation matter to have physically abused any person.



If you answer "yes" to questions 12 or 13, and a repayment agreement has been established, attach copies of the repayment agreement from the appropriate agency.

12. Are you currently in default status on any educational loan or scholarship? (Do not include loans that are currently in a compliant deferment status.)

13. Are you currently in non-compliance with a support order?

Once you have answered the questions click on the Next button.

Continue - Please continue the wizard.
 Cancel - Please cancel the wizard.

 Previous Next 

Step 11 provides the ability to add attached documents to the application. To add a document click on the link, Add Attachment.

Reissue Certificate - Step 11 of 16

You are reissuing an educator certificate.

The online application wizard will lead you through the Washington application process. Please answer the following questions as the wizard guides you to the appropriate online application.

Please provide any documentation as an Adobe Portable Document Format (PDF) file needed to support your answers to the previous questions.

View	Description	Page Count	Create Info
No Records Found			

[Add Attachment](#)

.....

Once you have uploaded all documents click on the Next button.

Continue - Please continue the wizard.

Cancel - Please cancel the wizard.

[Previous](#) [Next](#)

The Add Educator Image window is launched. The educator enters a description of the attached document. By clicking on the Browse button, the educator can attach the specific document. Once document is selected, click on Submit.

Add Educator Image - Step 1 of 1

Add Educator Image

Please enter the image information and press the Submit button.

Educator: *


Description:

Document: Browse... *

Once you have entered the required data click on the Submit button.

Save - Please save the image.

Cancel - Please cancel the wizard.

Submit 

Step 12 requests 3 character references. Complete all required information and click Next to continue.

- Enter data in required fields.
- Click on drop-down arrow to select answer for State.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to Continue.

Reissue Certificate - Step 12 of 16

You are reissuing an educator certificate.
Provide character information requested below.

Section V - Character References

List three individuals, not related to you, who will serve as character references.

Character Reference 1

Name: *

Mailing Address: *

City: *

State: ▼ *

Zip: *

Telephone Number: () - *

E-mail Address:

Character Reference 2

Name: *

Mailing Address: *

City: *

State: ▼ *

Zip: *

Telephone Number: () - *

E-mail Address:

Character Reference 3

Name: *

Mailing Address: *

City: *

State: ▼ *



Zip: *

Telephone Number: () - *

E-mail Address:

Once you have entered the information click on the Next button.

Continue - Please continue the wizard.
 Cancel - Please cancel the wizard.

 Previous Next 

Step 13 is an electronic signature. By clicking on the checkbox, you are signing the affidavit. Please read carefully. Once the checkbox is marked, click Next to continue.

- Click on checkbox.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Reissue Certificate - Step 13 of 16

You are reissuing an educator certificate.

Please review and electronically sign the below affidavit.

Affidavit:

I certify (or declare) under the penalty of perjury under the laws of the state of Washington that the foregoing and all information included in the application is true and correct.

If the information provided or answer(s) to any question on the application or character and fitness supplement changes prior to my being granted certification, I must immediately notify the Office of Professional Practices and my college/university if I am a college/university candidate.

I understand I must answer this application truthfully and completely. Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification, or in the case of a certificate holder, reprimand, suspension, or revocation of the renewal certificate, credential, or license.

Once you have answered the question click on the Next button.

Continue - Please continue the wizard.

Cancel - Please cancel the wizard.

[← Previous](#) [Next →](#)

Step 14 allows the Educator to pay by credit card for their application. The educator enters card information and clicks on Next to continue. Note the amount to be charged to the educator is shown in the Amount field box. This field is disabled so the amount does not change.

- Fill out all required fields.
- Click on the drop-down arrows to select applicable answer.
- Follow numeric format for entered numbers.
- Follow date format when entering date.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Reissue Certificate - Step 14 of 16

You are reissuing an educator certificate.

Please enter your payment information and click Next.

Payment Type: Credit Card *

Credit Card #: * no spaces or dashes

Expiration Date: * (Example: 08/11)

Verification Code: *

Please provide the name on the credit card. You must also provide the billing address for the credit card being used and this address must match the address on the credit card statement (the holder of the credit card's address, not the bank's address).

Name on Credit Card: *

Address Line 1: 123 Main St. *

Address Line 2:

City: Springfield *

State: Illinois *

Zip: 62711 *

Email: *

Amount: \$33.00 *

.....

Once you have entered the required data click on the Submit button.

Save - Please save the fee information.

Cancel - Please cancel the wizard.

Previous Next

Step 15 allows the educator to review his or her information. To make any changes, the educator clicks on the (edit) link located to the right. Once all information has been verified, click Apply.

- If applicable, click on the edit link to make any changes to the information already entered.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Apply to complete application.

Reissue Certificate - Step 15 of 16

You are reissuing an educator certificate.

Please review the information below. Once you have reviewed the information click the Apply link. By clicking the Apply link you are electronically signing this application and authorizing the Washington State Office of Superintendent of Public Instruction to charge your credit card for the listed application amount.

— Profile (edit)

Name:
SSN: ***-**-3214 Birth Date:
Gender: Male Former:
Print Name: Ethnicity: Unknown/Not Provided

— Address (edit)

Mailing Address: 123 Main St.
City State, Zip: Springfield IL, 62711
Country: US

— Contact (edit)

Home Phone: (217) 555-1212
Email Address:

— Payment (edit)

Credit Card #: *****3456
Expiration Date: 09/20
CC Verification:
CC Name:
CC Address Line 1:
CC Address Line 2:
CC City: Springfield
CC State: IL
CC Zip: 62711
CC Email:
Amount: \$33.00

Once you have reviewed the information click on the Apply button to submit your credential application. After clicking submit, it may take up to one minute to approve the transaction. Do not refresh the screen or click on any buttons or you may be double charged.

Apply - Please accept my credential application.
 Cancel - Please cancel the wizard.

Previous Apply

Step 16 confirms the application is pending review. Click Submit to complete the application process.

- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click on Submit to complete the application process.

Reissue Certificate - Step 16 of 16

You are reissuing an educator certificate.

Please review the following information.

Your online reissuance application has been processed and your new certificate is now pending review by a certification specialist. Applications are processed in the order they are received. Processing time during busy periods may take up to eight weeks.

Review the outcome of your application and click Submit.

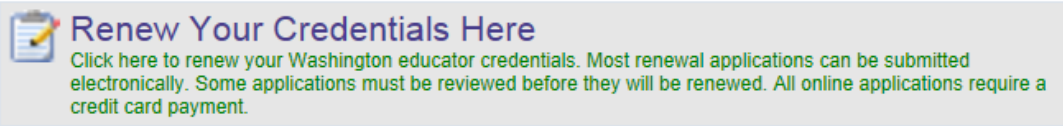
Continue - Please continue the wizard.


Cancel - Please cancel the wizard.

[← Previous](#) [Submit →](#)

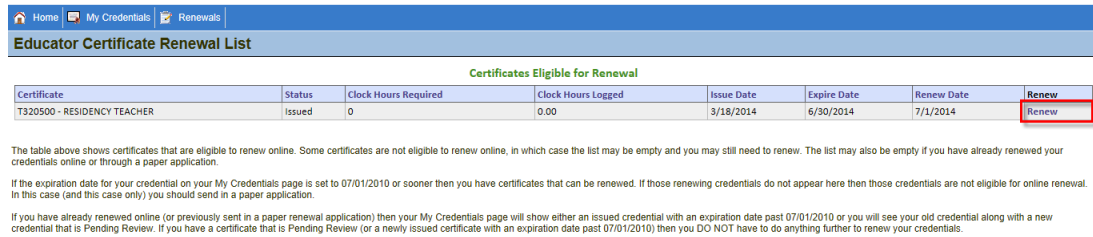
Renew Credentials

An educator can apply to renew their Washington Credential by clicking on the link displayed below. If applicable, this link will be displayed on the Educator's Home Page.



 **Renew Your Credentials Here**
Click here to renew your Washington educator credentials. Most renewal applications can be submitted electronically. Some applications must be reviewed before they will be renewed. All online applications require a credit card payment.

By clicking on the link, Renew Your Credentials Here, the user is navigated to the Educator Certificate Renewal List screen. The credential(s) available for renewal will be listed. The educator clicks on the link, Renew to begin the application process.



Home My Credentials Renewals

Educator Certificate Renewal List

Certificates Eligible for Renewal

Certificate	Status	Clock Hours Required	Clock Hours Logged	Issue Date	Expire Date	Renew Date	Renew
T320500 - RESIDENCY TEACHER	Issued	0	0.00	3/18/2014	6/30/2014	7/1/2014	Renew

The table above shows certificates that are eligible to renew online. Some certificates are not eligible to renew online, in which case the list may be empty and you may still need to renew. The list may also be empty if you have already renewed your credentials online or through a paper application.

If the expiration date for your credential on your My Credentials page is set to 07/01/2010 or sooner then you have certificates that can be renewed. If those renewing credentials do not appear here then those credentials are not eligible for online renewal. In this case (and this case only) you should send in a paper application.

If you have already renewed online (or previously sent in a paper renewal application) then your My Credentials page will show either an issued credential with an expiration date past 07/01/2010 or you will see your old credential along with a new credential that is Pending Review. If you have a certificate that is Pending Review (or a newly issued certificate with an expiration date past 07/01/2010) then you DO NOT have to do anything further to renew your credentials.

Step 1 of the Renew Educator Certificate Application is an informational introduction to the application process.

- Read carefully the explanation provided in Step 1.
- To terminate the application process, click Cancel, Next.
- Click Next to continue.

Renew Educator Certificate - Step 1 of 20

You are renewing an educator Certificate.

Thank you for choosing to renew your Washington educator certificate! The following wizard will walk you through the application process and gather the information needed to process your request.

NOTE: Once the application process has been started, you must fully complete and submit the application. If you stop in the middle, you will complete all application screens again. We anticipate that this process will take you approximately 15-30 minutes, so please ensure that you have enough time to complete the application.

You will need the following information in order to complete your application:


- Credit card or bank account information to pay for your application.
- Evidence regarding your good moral character and personal fitness. Depending on your answers to the character and fitness supplement questions, you may be asked to provide additional information, either in written form or an upload of an electronic document in Adobe Portable Document File (PDF) format.

.....

Once you have read the above click on the Next button.

Continue - Please continue the wizard.

Cancel - Please cancel the wizard.

Next 

Step 2 asks the educator to verify his or her Washington State Certificate number. Once verification is made, the educator clicks Next to continue.

- Verify certificate number.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Renew Educator Certificate - Step 2 of 20

You are renewing an educator Certificate.

Is the Washington Certificate Number below correct?

Your Washington State Certificate #:
.....
.....

Once you have answered the question click on the Next button.

No, the information above is not correct.
 Yes, the information above is correct.
 Cancel - Please cancel the wizard.

Previous Next

Step 3 display's the educator's Employment Experience. If this is not correct, the educator clicks on "No, the information is not correct" and the educator will be directed to a screen that will allow him or her to update or edit their employment experience. This will cause the educator to restart the application process. By clicking Yes, the educator is verifying their Employment Experience. Once verified, the educator clicks on Next.

- If information is incorrect, click No.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- If information is correct, click Yes, then click Next to continue.

Renew Educator Certificate - Step 3 of 20

You are renewing an educator Certificate.

Is your employment experience correct? If you choose no, you will be redirected to a screen that will allow you to update/edit your employment experience.

Professional Education Experience

Grades	Begin Date	End Date	District	City	State	No. of Days if Less Than Full-Time
No Records Found						

Other Employment Experience

Employer	Begin Date	End Date	Paid Hours	Position	Duties	Telephone Number	Supervisor Name/Address
No Records Found							

Once you have answered the question click on the Next button.

No, the information above is not correct.
 Yes, the information above is correct.
 Cancel - Please cancel the wizard.

Previous Next

Step 4 displays the educator's Education Experience. If this is not correct, the educator clicks on "No, the information is not correct" and the educator will be directed to a screen that will allow him or her to update or edit their education experience. This will cause the educator to restart the application process. By clicking Yes, the educator is verifying their Education Experience. Once verified, the educator clicks on Next.

- If information is incorrect, click No.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- If information is correct, click Yes, then click Next to continue.

Renew Educator Certificate - Step 4 of 20

You are renewing an educator Certificate.

Is your education experience correct? If you choose no, you will be redirected to a screen that will allow you to update/edit your education experience and you will have to restart this process.

Your Education Experience:

Institution	Begin Date	End Date	Degree	Credits Earned	Post Grad. Credits Earned
No Records Found					

Once you have answered the question click on the **Next** button.

No, the information above is not correct.

Yes, the information above is correct.

Cancel - Please cancel the wizard.

[Previous](#) [Next](#)

Step 7 instructs the educator to attest his or her intention to register for the ProTeach external assessment if they are applying for the 2 year residency renewal.

If yes, click the checkbox and enter the date.

- Click the checkbox.
- Enter the date.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- If information is correct, click Yes, then click Next to continue.

Renew Educator Certificate - Step 7 of 20

You are renewing an educator Certificate.

ProTeach Assessment

.....

If you are applying for the 2-year residency renewal, you must attest intention to register for the ProTeach external assessment.

Yes, I intend to register for ProTeach by *

.....

Once you have answered the question click on the Next button.

Continue

Cancel - Please cancel the wizard.

Previous Next

Step 8 houses the educator's profile information. If any changes are applicable, the educator can make the changes and click Next to continue.

If applicable:

- Enter information in required fields.
- Click on drop-down arrow and select answer.
- Use specific format for date.
- Click on one of the checkboxes.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Renew Educator Certificate - Step 8 of 20

You are renewing an educator Certificate.

Please update your profile information and click the Next button.

File Location:

Teacher Number:

SSN:

First Name:

Middle Name:

Last Name:

Former Name:

Print Name:

Suffix:

Gender:

Birth Date: MM/DD/YYYY

Ethnicity:

Race:

- American Indian or Alaska Native
- Asian
- Black or African American
- Caucasian or White
- Native Hawaiian or Other Pacific Islander

Educator Status:

Once you have entered the required data click on the Next button.

Continue - Please continue the wizard.

Cancel - Please cancel the wizard.

Steps 9 and 10 contain address and contact information. The educator can make changes if necessary and then click Next to continue.

If applicable:

- Enter information in required fields.
- Click on drop-down arrow and select answer.
- Click Next to continue.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.

Renew Educator Certificate - Step 9 of 20

You are renewing an educator Certificate.

Please update your address information and click the Next button.

Mailing Address: 123 Main St. *

City: Springfield *

Country: United States *

State: Illinois *

Zip Code: 62711 *

.....

Once you have entered the required data click on the Next button.

Continue - Please continue the wizard.

Cancel - Please cancel the wizard.

Previous Next

If applicable:

- Edit any information.
- Use numbers for numeric fields.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Renew Educator Certificate - Step 10 of 20

You are renewing an educator Certificate.

Please edit the contact information and click the Next button.

Work Phone: () - ext.

Home Phone: (217) 555 - 1212

Alternate Phone: () -

Fax Phone: () -

Email Address:

.....

Once you have entered the required data click on the Next button.

Save - Please save the profile information.

Cancel - Please cancel the wizard.

Previous Next

Step 11 is an affidavit. By clicking the checkbox the educator is electronically signing the affidavit. Once the educator has read the information, clicks on the checkbox, he or she can continue by clicking Next.

- Click on the checkbox.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Renew Educator Certificate - Step 11 of 20

You are renewing an educator Certificate.

Affidavit:

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing and all information included in this application is true and correct. If the answers to any question on the application or the character and fitness supplement on the application change prior to my being granted certification, I must immediately notify Professional Certification at OSPI.

I also understand that if I do not complete requirements for the professional certificate prior to the expiration of the 2-year residency renewal certificate, there may be no further regular certification options available to me to cover full- or part-time employment for 5 years.

Once you have answered the question click on the **Next** button.

Continue - Please continue the wizard.

Cancel - Please cancel the wizard.

Previous Next

Step 12 asks the educator to answer each question carefully before answering. Click Next to continue.

- Answer questions by clicking on the radio button for Yes or No.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Renew Educator Certificate - Step 12 of 20

You are renewing an educator Certificate.

Please complete the following questions carefully and completely before providing information and signing the affidavit.

Section II - Professional Fitness

Yes	No	Question
1. <input type="radio"/>	<input type="radio"/>	Have you ever held or do you currently hold a Washington education certificate?
2. <input type="radio"/>	<input type="radio"/>	Have you ever held or do you currently hold any education certificate, credential, or license authorizing service in the public/private schools in another state, province, territory, or country? If "yes," list the states, provinces, territories, and/or countries in the explanation.
3. <input type="radio"/>	<input type="radio"/>	Are you currently or have you ever been the subject of any certificate or licensing investigation or inquiry by any certification or licensing agency for allegations of misconduct? If "yes," in the explanation box below, list the agency, including complete address and telephone number as well as the purpose of the investigation or inquiry.
4. <input type="radio"/>	<input type="radio"/>	Have you ever had any adverse action taken on any certificate or license? (Adverse action includes letters of warning, reprimands, suspensions (including stayed), revocations, voluntary surrenders, or voidance.)
5. <input type="radio"/>	<input type="radio"/>	Have you ever been denied, or otherwise rejected for cause, an education certificate, credential, or license?
6. <input type="radio"/>	<input type="radio"/>	Have you ever withdrawn an application for any education certificate, credential, or license?
7. <input type="radio"/>	<input type="radio"/>	Have you ever practiced in any educational position in a public school for which you did not hold the appropriate valid educational certificate, credential, or license for that position?
8. <input type="radio"/>	<input type="radio"/>	Have you ever been dismissed, discharged, or fired from any employment position involving children or dependent adults? (Do not include RIFs)
9. <input type="radio"/>	<input type="radio"/>	Have you ever resigned from or otherwise left any employment (e.g. settlement agreement) while allegations of misconduct were pending?
10. <input type="radio"/>	<input type="radio"/>	Have you ever been disciplined by a past or present employer because of allegations of misconduct?
11. <input type="radio"/>	<input type="radio"/>	Are you currently or have you ever been the subject of any investigation or inquiry by an employer because of allegations of misconduct?

Once you have answered the questions click on the Next button.

Continue - Please continue the wizard.
 Cancel - Please cancel the wizard.

Previous Next

Step 13 pertains to criminal history. If any question is answered with a “yes”, the educator must provide the information listed in blue print. Once all questions have been answered, click Next to continue.

- Answer questions by clicking on the radio button for Yes or No.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Renew Educator Certificate - Step 13 of 20

You are renewing an educator Certificate.

Please complete the following questions carefully and completely before providing information and signing the affidavit.

Section III - Criminal History

If you answer "yes" to questions 1 through 5 (Section III), please provide the following:

A. In the explanation box below state the following:

- a. A detailed statement including what occurred, the nature of the offense, charge or warrant
- b. The name and address of the arresting agency.
- c. If a court was involved, the name and address of the court.
- d. The date of the arrest.
- e. The final disposition, if any.

B. If a court was involved, provide a copy of the court docket (can be obtained at the court in which the charge(s) were filed).

C. Provide a copy of the complete arresting officer's report.

D. If the arrest was driving related, provide a copy of a current and complete 5-year driving abstract.

NOTE: For questions 1,2,3, DO NOT include minor in possession (MIP)/minor in consumption (MIC) occurring more than 2 years ago or driving under the influence (DUI) occurring more than 5 years ago.

Yes	No	Question
<input type="radio"/>	<input type="radio"/>	1. In the last 10 years, have you ever been arrested for any crime or violation of the law? (DO NOT include minor in possession (MIP)/minor in consumption (MIC) occurring more than 2 years ago or driving under the influence (DUI) occurring more than 5 years ago.) (Note: For "yes" responses to 1,2,3, even if your case was dismissed or your record was sealed you must answer this question in the affirmative.) You need not list traffic violations for which a fine or forfeiture of less than \$300 was imposed.
<input type="radio"/>	<input type="radio"/>	2. In the last 10 years, have you ever been fingerprinted as a result of any arrest for any crime or violation of the law?
<input type="radio"/>	<input type="radio"/>	3. In the last 10 years, have you ever been convicted of any crime or violation of any law? (Note: For the purpose of this question "convicted" includes (1) all instances in which a plea of guilty or nolo contendere is the basis of conviction, (2) all proceedings in which a sentence has been suspended or deferred, (3) or bail forfeiture.) You need not list traffic violations or fines for which a fine or forfeiture of less than \$300 was imposed.
<input type="radio"/>	<input type="radio"/>	4. Have you ever been convicted of any felony crime?
<input type="radio"/>	<input type="radio"/>	5. Do you currently have any outstanding criminal charges or warrants of arrest pending against you? This would include Washington State, any other state, province, territory, and/or country.
<input type="radio"/>	<input type="radio"/>	6. Have you ever been or are you presently under investigation in any jurisdiction for possible criminal charges? If your answer is "yes," identify agency and location (street address, city, state) and the circumstances or details relating to the investigation in the explanation box below.

Once you have answered the questions click on the Next button.

Continue - Please continue the wizard.

Cancel - Please cancel the wizard.

[Previous](#) [Next](#)

The first part of Step 14 asks questions in regards to the educator's conduct.

- Answer questions by clicking on the radio button for Yes or No.

Renew Educator Certificate - Step 14 of 20

You are renewing an educator Certificate.

Please complete the following questions carefully and completely before providing information and signing the affidavit.

Section IV - Fitness

.....

If you answer "yes" to any question (Section IV), provide a written explanation in the box below.

Yes No N/A Question

.....

1. Have you ever exhibited and behavior or conduct which might negatively impact your ability to serve in a role which requires a certificate, credential, or license?

2. In the past 10 years, have you ever engaged in any conduct which resulted in the damage or destruction of property? (For purposes of questions 2 and 3, property includes both real and personal property owned by you or another. Do not list damages done as the result of an automobile accident.)

3. In the last 10 years have you ever threatened to damage or destroy property?

4. Have you ever engaged in any conduct which resulted in the physical injury or harm of any person(s)? (Do not list injury or harm caused as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.)

5. Have you ever threatened to do physical injury or harm to any person(s)? (Do not list injury or harm caused as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.)

6. Do you have a medical condition which in any way impairs or limits you ability to serve in a certificated role with reasonable skill and safety?

7. If you use chemical substance(s), does this use in any way impair or limit your ability to serve in a certificated role with reasonable skill and safety?

7a. If you disclosed a "yes" answer to questions 6 or 7 above, are the limitations or impairments caused by your medical condition(s) or substance abuse reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? Please explain in the box below and provide the name, address, and telephone number of the program.

8. Do you currently use illegal drugs?

9. Have you used illegal drugs in the last year?

9a. If you disclosed a "yes" answer to question 9 above, have you successfully completed or are you participating in a supervised rehabilitation program? Please explain in the box below and provide the name, address, and telephone number of the program.

The second part of pertains to abuse and financial responsibility. Please note the information requested if the educator answers “yes” to any of the questions 10-13. Click Next to continue.

- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

If you answer "yes" to questions 10 or 11, attach copies of any court orders entered in the proceeding.

10. Have you ever been found in any dependency or domestic relation matter to have sexually assaulted or exploited any minor?

11. Have you ever been found in any dependency or domestic relation matter to have physically abused any person.



If you answer "yes" to questions 12 or 13, and a repayment agreement has been established, attach copies of the repayment agreement from the appropriate agency.

12. Are you currently in default status on any educational loan or scholarship? (Do not include loans that are currently in a compliant deferment status.)

13. Are you currently in non-compliance with a support order?

Once you have answered the questions click on the Next button.

Continue - Please continue the wizard.
 Cancel - Please cancel the wizard.

 Previous Next 

Step 15 allows the educator to upload any applicable forms/documents. The documentation must be provided in PDF. There is a link, Add Attachment, to upload any information the educator wishes to submit

- Click on the link, Add Attachment.
- Select file.
- Click Open.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

View	Description	Page Count	Create Info
No Records Found			

The Add Educator Image window is launched. The educator enters a description of the attached document. By clicking on the Browse button, the educator can attach the specific document. Once document is selected, click on Submit.

Educator: *

Description:

Document: Browse... *

Step 16 requests 3 character references. Complete all required information and click Next to continue.

- Enter data in required fields.
- Click on drop-down arrow to select answer for State.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to Continue.

Renew Educator Certificate - Step 16 of 20

You are renewing an educator Certificate.
Provide character information requested below.

Section V - Character References

List three individuals, not related to you, who will serve as character references.

Character Reference 1

Name:

Mailing Address:

City:

State:

Zip:

Telephone Number: () -

E-mail Address:

Character Reference 2

Name:

Mailing Address:

City:

State:

Zip:

Telephone Number: () -

E-mail Address:

Character Reference 3

Name:

Mailing Address:

City:

State:



Zip:

Telephone Number: () -

E-mail Address:

Once you have entered the information click on the Next button.

Continue - Please continue the wizard.
 Cancel - Please cancel the wizard.

 Previous Next 

Step 17 is an electronic signature. By clicking on the checkbox, you are signing the affidavit. Please read carefully. Once the checkbox is marked, click Next to continue.

- Click on checkbox.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Renew Educator Certificate - Step 17 of 20

You are renewing an educator Certificate.

Please review and electronically sign the below affidavit.

Affidavit:

I certify (or declare) under the penalty of perjury under the laws of the state of Washington that the foregoing and all information included in the application is true and correct.

If the information provided or answer(s) to any question on the application or character and fitness supplement changes prior to my being granted certification, I must immediately notify the Office of Professional Practices and my college/university if I am a college/university candidate.

I understand I must answer this application truthfully and completely. Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification, or in the case of a certificate holder, reprimand, suspension, or revocation of the renewal certificate, credential, or license.

Once you have answered the question click on the Next button.

Continue - Please continue the wizard.

Cancel - Please cancel the wizard.

Previous Next

Step 18 allows the Educator to pay by credit card for their application. The educator enters card information and clicks on Next to continue. Note the amount to be charged to the educator is shown in the Amount field box. This field is disabled so the amount does not change.

- Fill out all required fields.
- Click on the drop-down arrows to select applicable answer.
- Follow numeric format for entered numbers.
- Follow date format when entering date.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Next to continue.

Renew Educator Certificate - Step 18 of 20

You are renewing an educator Certificate.

Please enter your payment information and click Next.

Payment Type: *

Credit Card #: * no spaces or dashes

Expiration Date: * (Example: 08/11)

Verification Code: *

Please provide the name on the credit card. You must also provide the billing address for the credit card being used and this address must match the address on the credit card statement (the holder of the credit card's address, not the bank's address).

Name on Credit Card: *

Address Line 1: *

Address Line 2:

City: *

State: *

Zip: *

Email: *

Amount: *

Once you have entered the required data click on the Submit button.

Save - Please save the fee information.

Cancel - Please cancel the wizard.

Step 19 allows the educator to edit any of the information he or she entered before applying for the application. There is an edit link for each section; therefore, if the user wishes to change address information, they click on the edit link directly across from the Address heading.

- If applicable, click on the edit link to make any changes to the information already entered.
- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click Apply to complete application.

Renew Educator Certificate - Step 19 of 20

You are renewing an educator Certificate.

Please review the information below. Once you have reviewed the information click the Apply link. By clicking the Apply link you are electronically signing this application and authorizing the Washington State Office of Superintendent of Public Instruction to charge your credit card for the listed application amount.

— Profile [\(edit\)](#)

Name:
SSN: Birth Date:
Gender: **Male** Former:
Print Name: Ethnicity: **Unknown/Not Provided**

— Address [\(edit\)](#)

Mailing Address: **123 Main St.**
City State, Zip: **Springfield IL, 62711**
Country: **US**

— Contact [\(edit\)](#)

Home Phone:
Email Address:

— Payment [\(edit\)](#)

Credit Card #: *******9000**
Expiration Date: **09/15**
CC Verification: **235**
CC Name: .
CC Address Line 1:
CC Address Line 2:
CC City: **Springfield**
CC State: **IL**
CC Zip: **62711**
CC Email:
Amount: **\$63.00**

Once you have reviewed the information click on the Apply button to submit your credential application. After clicking submit, it may take up to one minute to approve the transaction. Do not refresh the screen or click on any buttons or you may be double charged.

Apply - Please accept my credential application.
 Cancel - Please cancel the wizard.

[← Previous](#) [Apply →](#)

Step 20 confirms the application is pending review. Click Submit to complete the application process.

- To terminate the application process, click Cancel, Next.
- To return to the previous screen, click Previous.
- Click on Submit to complete the application process.

Renew Educator Certificate - Step 20 of 20

You are renewing an educator Certificate.

Please review the following information.

Your online renewal application has been processed and your new certificate is now pending review by a certification specialist. Applications are processed in the order they are received. Processing time during busy periods may take up to eight weeks.

Review the outcome of your application and click Submit.

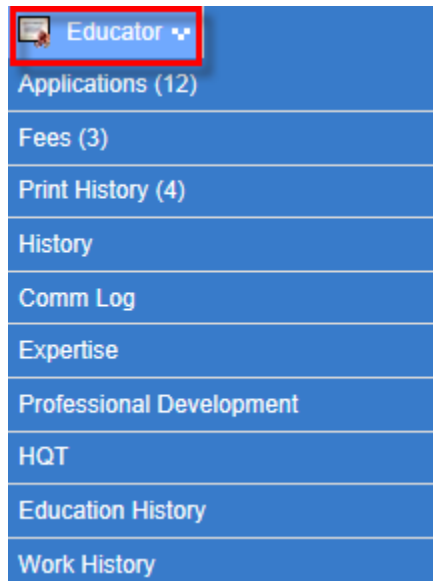
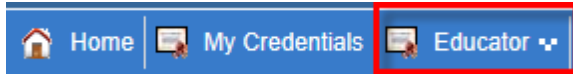
Continue - Please continue the wizard.

Cancel - Please cancel the wizard.

Previous Submit

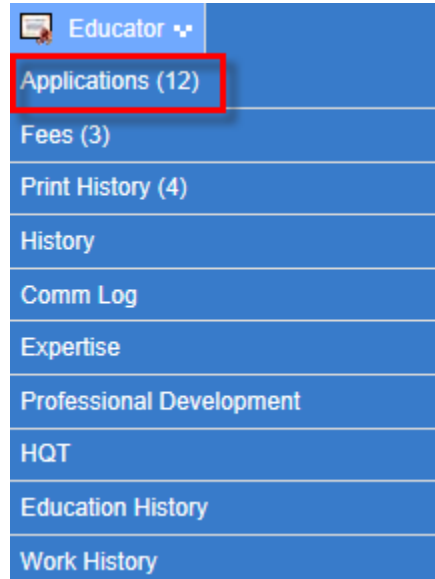
Educator Menu

On the Credentials screen, there are three tabs. Home will take the educator back to the home page, My Credentials will take the user to their Credentials screen and Educator will launch a menu with information pertinent to the educator's data.



Applications

To view the educator's applications, the educator clicks on the link, Applications.

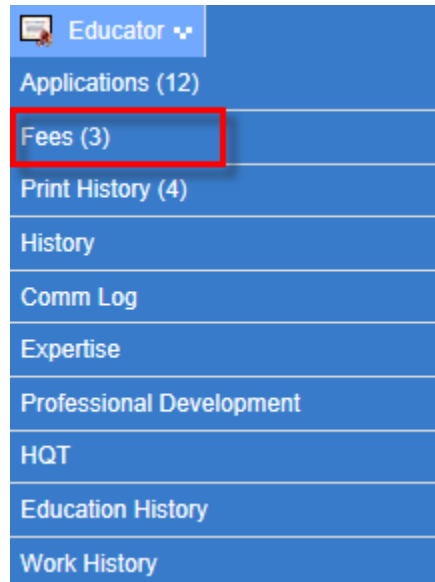


This action will launch the Applications section from the Credentials screen. The educator can view the checklist for each applicable application.

Show All									
Applications									
Checklist	ID	Document	Description	Status	Background	Source	Received	Pay Info	Balance
Checklist	XXXXXXXX	XXXXXXXX	Teacher Certification	CLOSED	No	OSPI	02/21/2014		
Checklist	XXXXXXXX	XXXXXXXX	Conversion	OPEN	No	OSPI	03/12/2014		
Checklist	XXXXXXXX	XXXXXXXX	Res. Teacher Reissue	CLOSED	No	OSPI	03/18/2014	CC-33.00	0.00
Checklist	XXXXXXXX	XXXXXXXX	Resident Teacher Renewal	OPEN	No	OSPI	03/18/2014	CC-63.00	0.00

Fees

The educator can view fees for applications. By clicking on the Fees link, the Fees table is launched.



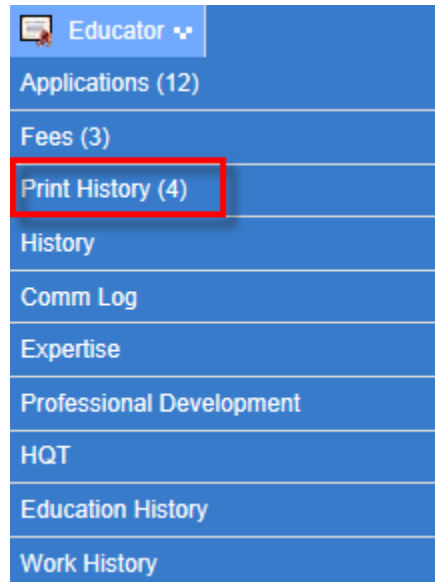
The educator can view the fee information on this screen. The educator cannot edit or delete fees. This is a view only screen.

Fees										
ID	Method	Fee	App ID	App	Auth	Batch	Return Reason	Amount	Balance	Returned?
116	CC	RESRENEW2	907690	4035				63.00	0.00	No
114	CC	RESREISSUE	907689	4031R				33.00	0.00	No

Note: You cannot edit or delete fees that are associated with a certificate or endorsement or have been batched.
You cannot return fees that have not been batched.

Print History

By clicking on the link, Print History, the educator can view as well as print a non-official copy of their certificate or any letters pertaining to the certificate.



This action will launch the Print History Information screen. The educator can view their information as see what has been printed.

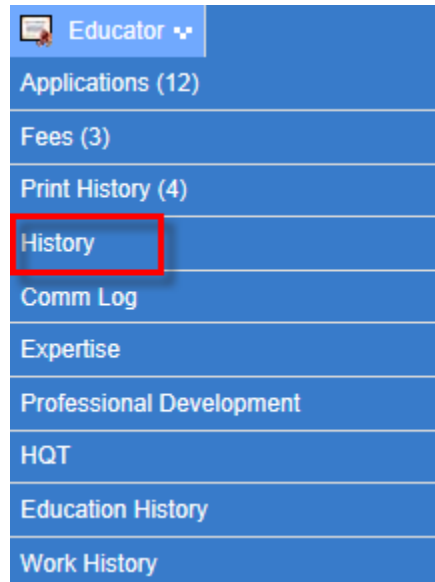
Print History Information							
Certificate Print History							
View	WA Cert#	Educator	Certificate	Certificate Status	Queued Date	Printed Date	Address
View	XXXXXXXX	XXXXXXXXXX	RESIDENCY TEACHER (FIRST ISSUE)	Expired	2/21/2014 7:29:08 AM	2/21/2014 1:40:05 PM	
View	XXXXXXXX	XXXXXXXXXX	RESIDENCY TEACHER	Issued	3/18/2014 1:47:29 PM		
Deficiency/Letter Print History							
View	WA Cert#	Educator	Certificate	Certificate Status	Queued Date	Printed Date	Address
View	XXXXXXXX	XXXXXXXXXX	RESIDENCY TEACHER (FIRST ISSUE)	Deficient	3/14/2014 9:10:59 AM	3/14/2014 9:10:56 AM	
View	XXXXXXXX	XXXXXXXXXX	RESIDENCY TEACHER (FIRST ISSUE)	Deficient	3/14/2014 9:11:28 AM		

By clicking on the View link, the educator can print a non-official copy.

EDUCATION CERTIFICATE	
CERTIFICATE TYPE:	RESIDENCY TEACHER (FIRST ISSUE)
ISSUE DATE:	02/21/2014
EXPIRATION DATE:	
ENDORSEMENTS:	ELEMENTARY EDUCATION
VALID ONLY UNTIL YOU ARE REPORTED AS A TEACHER IN A PUBLIC SCHOOL IN WASHINGTON WITH AT LEAST 1.5 YEARS OF FULL TIME EQUIVALENT EXPERIENCE.	

History

History houses the educator's personal information such as Name, Address and Contact Information.



By clicking on the History link, the Educator History screen is launched. (Personal information has been removed for privacy purposes.)

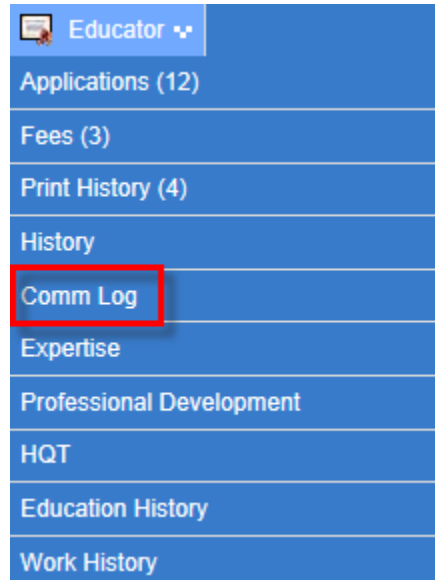
Educator History									
Name	Address	Contact Information							
Prefix	First	MI	Last	Maiden	Suffix				

Educator History									
Name	Address	Contact Information							
Incorrect Address	Address Source	Address1	Address2	Address Physical	City	State	Zip Code	Country	Non US State
No	eCert	123 Main St.		123 Main St.	Springfield	IL	62711	United States	
No	eCert	123 Main St.		123 Main St.	Springfield	IL	62711	United States	

Educator History					
Name	Address	Contact Information			
Home Phone	Work Phone	Alternate Phone	Fax Phone	Email Address	Website

Communication Log

Communication log table will display any notes made by OSPI. By clicking on the Comm Log link, the Communication Logs table is displayed.

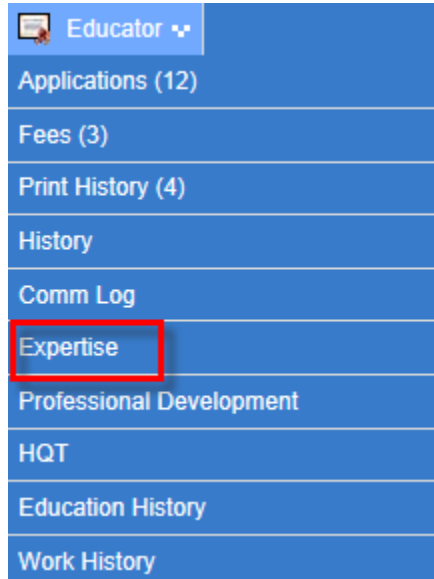


Any notes pertaining to the educator, if applicable, will be shown in this table.

Communication Logs					
Filter by Type: <input type="text"/>					
Edit	Date	Type	Description	Created By	Delete
No Records Found					

Expertise

This table documents the educator's area of expertise.

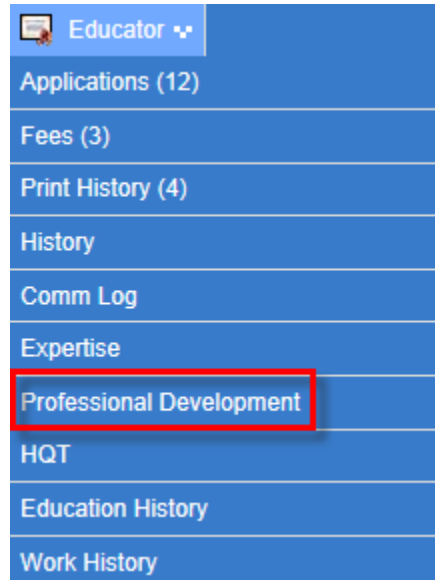


By clicking on the Expertise link, the Expertise Information table is launched.

Expertise Information				
Source	Status	Endorsement	Grade	Expires
ASHA	Issued	Speech - Language Pathology	K thru 12	3/3/2020
NSPC	Issued	NSPC Level 1 Residential	K thru 12	3/31/2014

Professional Development

By clicking on the Professional Development link, the educator can view their professional development credits. In addition, the educator can add, edit and delete professional development information.



Add Professional Development

To add professional development hours, click the link, [Click Here to Add Professional Development Hours](#).

By Certificate: [All](#)

Educator Professional Development Education

Edit	Institution/Approved Provider	Class/School District	Credit Type	Clock Hours	Completed?	Begin Date	End Date	Delete
Edit	WA - Central Washington University	Phys Ed	Semester Hours	60.00	True	1/1/2014	3/21/2014	Delete
Edit	Association Of Washington School Principals (AWSP)	Principals on the Go	Clock Hours	6.00	True	2/7/2014	2/10/2014	Delete
Edit	Aberdeen School District	Test	Clock Hours	2.00	True	3/6/2014	3/7/2014	Delete
Edit	Aberdeen School District	Mathematics	Clock Hours	20.00	True	9/23/2013	9/30/2013	Delete
Edit	WA - Centralia College	Computer Science	Semester Hours	30.00	True	7/1/2013	8/15/2013	Delete
Edit	WA - Antioch University Seattle	Philosophy	Semester Hours	60.00	True	5/1/2013	5/22/2013	Delete

[Click Here to Add Professional Development Hours](#)

This action will launch the Educator Professional Development Hours wizard. The educator will enter all required information. The required information is symbolized with a red asterisk. Once all information is entered, click Submit.

- Enter information in all required fields.
- Click on drop-down arrow to select applicable answer.
- Use the specified format for entering dates.
- To terminate the application process, click Cancel.
- To save Professional Development hours, click Submit.

Educator Professional Development Hours - Step 1 of 1

You are adding Educator Professional Development Hours.

Educator Certificate ID:

Credit Type: *

Class: *

Credit Type Hours: *

Clock Hours:

Begin Date: *

End Date: *

Completed:

Type of Study: *

Comments:

.....

Once you have entered the required data click on the Submit button.

Continue - Please continue to save
 Cancel - Please cancel the wizard

Submit

To edit an existing entry, click the Edit link. Once information has been changed, click Submit. The educator can also delete an entry. By clicking on the Delete link, the entry will be removed from the system.

By Certificate **All**

Educator Professional Development Education

Edit	Institution/Approved Provider	Class/School District	Credit Type	Clock Hours	Completed?	Begin Date	End Date	Delete
Edit	WA - Central Washington University	Phys Ed	Semester Hours	60.00	True	1/1/2014	3/21/2014	Delete
Edit	Association Of Washington School Principals (AWSP)	Principals on the Go	Clock Hours	6.00	True	2/7/2014	2/10/2014	Delete
Edit	Aberdeen School District	Test	Clock Hours	2.00	True	3/6/2014	3/7/2014	Delete
Edit	Aberdeen School District	Mathematics	Clock Hours	20.00	True	9/23/2013	9/30/2013	Delete
Edit	WA - Centralia College	Computer Science	Semester Hours	30.00	True	7/1/2013	8/15/2013	Delete
Edit	WA - Antioch University Seattle	Philosophy	Semester Hours	60.00	True	5/1/2013	5/22/2013	Delete

[Click Here to Add Professional Development Hours](#)

Edit Educator Professional Development Hours

By clicking on the Edit link, the Educator Professional Development Hours wizard is launched.

If Applicable,

- Make changes to already entered data.
- To terminate the application process, click Cancel.
- To save Professional Development hours, click Submit.

Educator Professional Development Hours - Step 1 of 1

You are Editing Educator Professional Development Hours

Educator Certificate ID: 0

Credit Type: Clock Hours *

Approved Providers: Academic Institute *

Class: km *

Clock Hours: 15.00 *

Begin Date: 02/11/2014 * MM/DD/YYYY

End Date: 06/01/2014 * MM/DD/YYYY

Completed:

Type of Study: Associate (Associate) *

Comments:

Created: Updated: Update Info

Once you have entered the required data click on the Submit button.

Continue - Please continue to save

Cancel - Please cancel the wizard

Submit

Delete Educator Professional Development Hours

By clicking on the Delete link, the Educator Professional Development Hours wizard is launched.

- Review information to verify deletion.
- To terminate the application process, click Cancel.
- To delete Professional Development Hours, click Submit.

Educator Professional Development Hours - Step 1 of 1

You are deleting Educator Professional Development Hours

Educator Certificate ID: 0

Credit Type: Clock Hours *

Class: km *

Begin Date: 02/11/2014 * MM/DD/YYYY

End Date: 06/01/2014 * MM/DD/YYYY

Completed:

Type of Study: Associate (Associate) *

Comments:

Created:

Updated: Update Info

Once you have entered the required data click on the Submit button.

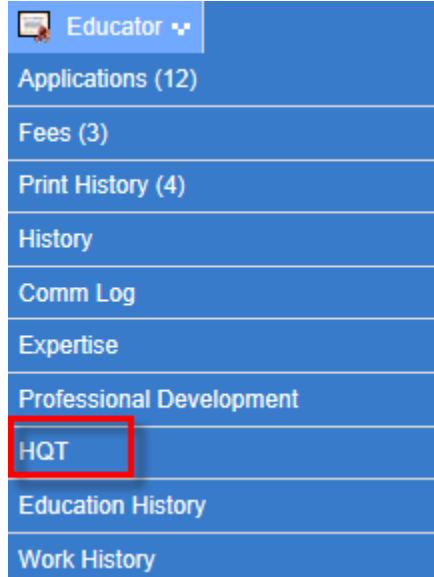
Delete - I want to delete this professional development entry.

Cancel - Please cancel the wizard

Submit

HQT

The HQT table shows the content area in which the educator is deemed highly qualified.



By clicking on the link, HQT, the HQT Information table is launched. The first tab shows the Content Area, Route, Effective Date and Grade Levels.

HQT Information			
Content Area	Route	Date Effective	Grade Levels
English/Language Arts	Endorsement	04/01/1999	Middle,High

Washington State Office of Superintendent of Public Instruction
E-Certification Educator User Guide

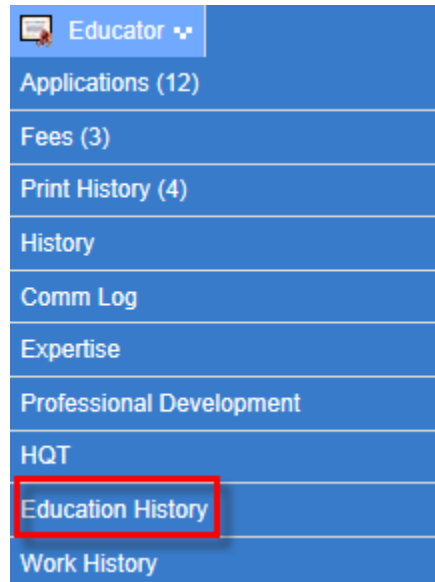
The second tab, Washington Courses displays the courses taken by the educator to qualify them as highly qualified.

HQT Information			
HQT	Washington Courses		
Content Area	Route	Date Effective	Grade Levels
English/Language Arts	Endorsement	04/01/1999	Middle,High

FRENCH				
CourseCode	CourseName	MatchTypeName	Datestamp	Note
06121	French I 06121	Primary		
06122	French II 06122	Primary		
06123	French III 06123	Primary		
06124	French IV 06124	Primary		
06125	French V 06125	Primary		
06126	French for Native Speakers 06126	Primary		
06127	French Field Experience 06127	Primary		
06128	French Conversation and Culture 06128	Primary		
06129	French Literature 06129	Primary		
06130	IB Language A (non-English)French 06130	Primary		
06131	IB Language BFrench 06131	Primary		
06132	AP French Language 06132	Primary		
06133	AP French Literature 06133	Primary		

Education History

The educator can view his or her education history E-Certification has documented in the system. The educator can view, add, edit or delete education information.



By clicking on the Education History link, the Education History screen is launched. The educator can add, edit and delete history information on this table.

Education History									
Edit	Institution	Begin Date	End Date	Degree	Credits Earned	Post Grad. Credits Earned	Comments	Created	Delete
Edit	University of Illinois	9/1/2009	5/22/2013	B	60.00				Delete
Click Here to Add Education History									

Add Education History

To add education information, click on the link, [Click Here to Add Education History](#). To edit an existing education history, click on the Edit link. To delete an existing education history, click on the Delete link. The Edit and Delete wizards are similar to what has previously been demonstrated.

- Enter required information.
- Use specified format for dates.
- To terminate the application process, click Cancel.
- To add Education History, click Submit.

The screenshot shows a web form titled "Add Education History - Step 1 of 1". The form contains the following fields and options:

- Institution Name:** A text input field.
- Begin Date:** A date input field with a placeholder "MM/DD/YYYY".
- End Date:** A date input field with a placeholder "MM/DD/YYYY".
- Degree:** A dropdown menu.
- Credits Earned:** A text input field.
- Post Grad. Credits Earned:** A text input field.
- Comments:** A large text area with a vertical scrollbar.

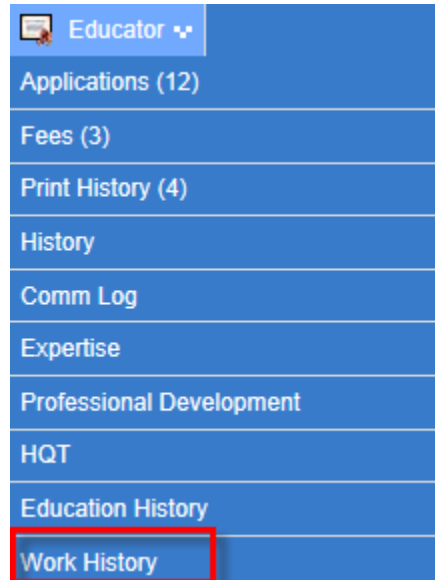
Below the form, there is a message: "Once you have edited the desired data click on the Submit button." and two radio button options:

- Save - Please save the certificate
- Cancel - Please cancel the wizard

At the bottom right of the form, there is a "Submit" button with a right-pointing arrow icon.

Work History

Work History screen shows the educator’s professional education experience and other employment experience documented in eCerts. The educator can view, add, edit and delete this information.



By clicking on the Work History link, the Professional Education Experience screen and the Other Employment screen are launched.

Professional Education Experience										
Edit	Grades	Begin Date	End Date	District	City	State	No. of Days if Less Than Full-Time Employment	Created	Delete	
Edit	9-12	1/9/2012	5/18/2012	Springfield	Springfield	IL			Delete	
Click Here to Add Professional Education Experience										
Other Employment Experience										
Edit	Employer	Begin Date	End Date	Paid Hours	Position	Duties	Telephone Number	Immediate Supervisor Test	Created	Delete
Edit	Springfield School District	1/3/2011	1/31/2011	80	Substitute Teacher	Mathematics	(217) 555-6666			Delete
Click Here to Add Other Employment Experience										


Add Professional Education Experience

To add Professional Education Experience, click on the link, [Click Here to Add Professional Education Experience](#). The educator can also edit and delete the posted experience. The Edit and Delete wizards are similar to what has previously been demonstrated.

Professional Education Experience									
Edit	Grades	Begin Date	End Date	District	City	State	No. of Days if Less Than Full-Time Employment	Created	Delete
Edit	9-12	1/9/2012	5/18/2012	Springfield	Springfield	IL			Delete
Click Here to Add Professional Education Experience									

By clicking on the [Click Here to Add Professional Education Experience](#) link, a wizard is launched allowing the educator enter the professional education experience. Once information is entered, click on Submit.

- Enter required information.
- Use specified format for dates.
- Click on drop-down arrows to select applicable answer.
- To terminate the application process, click Cancel.
- To add Education Experience, click Submit.

Add Professional Education Experience - Step 1 of 1 

You are adding professional education experience

Grades: *

Begin Date: MM/DD/YYYY

End Date: MM/DD/YYYY

District: *

City: *


State: ▼ *

No. of Days if Less Than Full-Time Employment: ▼

Once you have edited the desired data click on the Submit button.

Save - Please save the work history

Cancel - Please cancel the wizard

Submit 

Add Other Employment Experience

To add Other Employment Experience, click on the link, Click Here to Add Other Employment Experience. The educator can also edit and delete the posted experience. The Edit and Delete wizards are similar to what has previously been demonstrated.

Other Employment Experience										
Edit	Employer	Begin Date	End Date	Paid Hours	Position	Duties	Telephone Number	Immediate Supervisor Test	Created	Delete
Edit	Springfield School District	1/3/2011	1/31/2011	80	Substitute Teacher	Mathematics	(217) 555-6666	Springfield, IL 62704		Delete
Click Here to Add Other Employment Experience										

By clicking on the Click Here to Add Other Employment Experience link, a wizard is launched allowing the educator enter the employment experience. Once information is entered, click on Submit.

- Enter required information.
- Use specified format for dates.
- To terminate the application process, click Cancel.
- To add Employment Experience, click Submit.

Add Other Employment Experience - Step 1 of 1

You are adding other employment experience

Employer:

Begin Date: MM/DD/YYYY

End Date: MM/DD/YYYY

Total Number of Paid Hours: * required for CTE

Position:

Duties: * required for CTE

Telephone Number: () -

Name and Address of Immediate Supervisor:

Once you have edited the desired data click on the Submit button.

Save - Please save the work history
 Cancel - Please cancel the wizard

[Submit](#) 