



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

VERIFICATION OF ALTERNATIVE CERTIFICATION PROGRAM/PATHWAY COMPLETION AND CHARACTER

Complete Section A of this form. Send it to the state agency or school district through which you completed your teacher preparation and certification program or pathway. This form, when returned to you, is to be included with your application packet.

*If you were trained outside the U.S. and Canada, use Form SPI 4030 instead of this form.

SECTION A

TO BE COMPLETED BY APPLICANT					
1. NAME	LAST	FIRST	MIDDLE	MAIDEN/FORMER NAME	
2. ADDRESS				3. DATE OF BIRTH	
CITY/STATE/ZIP				4. SOCIAL SECURITY NO. (OPTIONAL)	
5. TELEPHONE:				6. E-MAIL	
BUSINESS		HOME			

SECTION B

TO BE COMPLETED BY INSTITUTION/AGENCY

The above named is an applicant for teacher certification in Washington State. Complete information in Section B. To be valid, this form must be signed by the certification officer, the superintendent, or the superintendent's designee at the institution where the applicant completed his/her teacher preparation and certification program or pathway. A stamped signature must be initialed by the person using the stamp. RETURN THIS FORM TO THE APPLICANT.

- A. Has this applicant completed your state-approved teacher education program or pathway? A. YES NO
 Date of program completion. _____
- B. Did the program/pathway include a supervised internship? B. YES NO
- C. Did the program/pathway include a defined course of study? C. YES NO
- D. Was he/she eligible for certification in your state at the completion of the teacher preparation program? D. YES NO
 If no, what were the deficiencies? _____

For E & F, please note: In order to qualify for an endorsement area, the applicant must have completed an approved program in that area. Each endorsement program must include coursework in methodology for that content area and completion of a supervised, classroom-based field experience/internship that includes instruction in that content area.

E. Area in which applicant is recommended for certification. Please indicate area and grade level(s).

AREA	GRADE LEVEL(S)
F. Other approved content area/endorsement programs that applicant has completed:	GRADE LEVEL(S)

G. Do you have knowledge that the applicant has been arrested, charged, or convicted of any crime or has a history of any serious behavioral problems?

YES NO List any reason(s) this applicant should not be certified in Washington.

NAME OF INSTITUTION/AGENCY	DATE	By signing this form I attest that the above information is true and accurate to the best of my knowledge.
ADDRESS		
CITY/STATE/ZIP		
TELEPHONE	E-MAIL	
NAME (PRINTED) AND TITLE (Certification Officer)		SIGNATURE