
**TRAFFIC SAFETY EDUCATION
INSTRUCTIONS FOR CONDITIONAL CERTIFICATION FOR
CLASSROOM INSTRUCTION**

Conditional Classroom Check List

Only persons with a valid conditional certificate for Behind-The-Wheel (BTW), 1,000 hours of BTW teaching experience over a two year period, and have taken an approved 80 hour course of instruction may apply. Completion of this application will not renew the conditional certificate.

- 1. Must have **80 clock hours of training**, (approval for instructor course must be obtained from the Office of Superintendent of Public Instruction (OSPI) prior to starting the 80 clock hours of instruction) or the equivalent of four 3-quarter credit hour classes in traffic safety education approved by OSPI.
- 2. **FORM SPI M-770** - Application for a Washington Conditional Certificate in Traffic Safety Education. This form must be completely filled out, including Section D and E, showing a commitment of employment, signed affidavit and intent to employ from the local school district or an approved commercial school.
 - **Signed Section E: Affidavit**
 - **Signed Section F: Training Verification** by the classroom instructor verifying the successful completion of the 80 clock hour course (must have approval to conduct an instructor course on file with the Office of Superintendent of Public Instruction), or official transcripts for Central Washington University.
 - **Signed Section G: Intent to Employ**
 - **Signed Section H: Verification of Successful Evaluation**
- 3. Attach original "complete five-year driving abstract," listing your driving record for the past five years. This abstract must be dated within the last two months of the date the application was submitted, and may not show more than 1 violation in 12 months or 2 violations in two years.
- 4. Attach evidence of 1,000 or more of BTW instructor training experience over a two-year period of time (i.e., pay stubs from the employing commercial school or district).
- 5. An evaluation is required. When the application and all supporting documents are complete contact an evaluator. Central Washington University training participants will be evaluated by CWU staff at the completion of the course. All others should contact:

ESD 113 – Traffic Safety Education
601 McPhee Rd.
Olympia, WA 98502
360-964-6868
- 6. Please forward the completed application, supporting documents, and current conditional certificate to Office of Superintendent of Public Instruction (OSPI), Traffic Safety Education, PO Box 47200, Olympia, WA 98504-7200 for processing. Allow up to four weeks to receive your certificate.

There is no fee requirement to add classroom certification to an existing BTW Conditional Certificate.



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Traffic Safety Education
 Old Capitol Building
 PO BOX 47200
 OLYMPIA, WA 98504-7200
 (360) 725-6120 TTY (360) 664-3631

TYPE OF CERTIFICATE

- BTW Conditional Cert.
 Classroom Conditional Cert.
 Reinstatement of Conditional Cert.

APPLICATION FOR A WASHINGTON CONDITIONAL CERTIFICATE IN TRAFFIC SAFETY EDUCATION

SECTION A: PERSONAL INFORMATION

PRINT NAME IN FULL (Last, First, Middle)		OTHER NAMES USED AT ANY TIME
ADDRESS (Street, City, State, Zip)		TELEPHONE Business: () Home: ()
SOCIAL SECURITY NO. (Optional)	DATE OF BIRTH	PLACE OF BIRTH
Have you ever held a Washington certificate or permit authorizing teaching or other educational service in the schools of Washington? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your certificate number? _____		
Do you hold or have you held an educational certificate in other states? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the attached "Verification of Good Standing for Certificates Held in Other States" (FORM SPI/CERT 4020C) and return with your application.		
E-MAIL ADDRESS		

SECTION B: MEDICAL INFORMATION

Are you under the care of a physician or taking medication for a condition which would affect your ability to serve as a driving instructor, such as heart disease, hypertension, diabetes mellitus, stroke or cerebral vascular disease, neurological condition, epilepsy, or psychiatric condition? Yes No

If yes, is your driver license in force on a medical or other restriction? Yes No

SECTION C: NONEDUCATIONAL EMPLOYMENT HISTORY

Complete the following information on your employment history.

Employer or District	Dates of Employment	Name and Address of Immediate Supervisor
Position	Telephone Number	
Employer or District	Dates of Employment	Name and Address of Immediate Supervisor
Position	Telephone Number	

ATTACH ADDITIONAL SHEETS IF NECESSARY

OSPI ONLY			
APPROVED BY	TYPE OF CERTIFICATE ISSUED	ENDORSEMENT	ISSUED:
			MAILED:
			CODES:

Educational service district
 please return to: TRAFFIC SAFETY EDUCATION
 OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 OLD CAPITOL BUILDING
 PO BOX 47200
 OLYMPIA WA 98504-7200

SECTION D: REQUIREMENTS

INCLUDE THE FOLLOWING ITEMS WITH THIS APPLICATION:

1. Record(s) from the Washington State Department of Licensing and/or other driver licensing jurisdiction for a five-year period showing:
 - (a) Not more than one moving traffic violation within the preceding 12 months or more than two moving traffic violations in the preceding 24 months.
 - (b) No alcohol-related traffic violations within the preceding five years.
 - (c) No driver license suspension, cancellation, revocation, or denial within the preceding three years.
2. Documents verifying the minimum number of clock hours of study in the field of classroom or driving instruction as required in WAC 392-153-021.

SECTION E: 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 on the application change prior to my being granted certification, I must immediately notify Traffic Safety Education at the Office of Superintendent of Public Instruction.

Applicant Signature

Date and Place

SECTION F: TRAINING VERIFICATION TO BE SIGNED BY THE TRAINING PROVIDER (TRAINING MUST BE PRE-APPROVED BY OSPI)

This will verify that _____ has successfully demonstrated the instructional competencies for the classroom or BTW laboratory phase required in WAC 392-153-021.

DATE TRAINING COMPLETED

LOCATION

TRAINING PROVIDER SIGNATURE

SECTION G: INTENT TO EMPLOY

I hereby recommend that _____ be granted a traffic safety education conditional certificate for the following areas:

classroom behind-the-wheel simulator driving range

NAME OF SCHOOL/ESD/PRIVATE SCHOOL

DATE

ADDRESS

CITY/STATE/ZIP

TELEPHONE

FAX

NAME AND TITLE (PRINTED)

E-MAIL ADDRESS

SIGNATURE

SECTION H: CERTIFICATION OF SUCCESSFUL EVALUATION (BTW OR CLASSROOM) BY OSPI APPROVED EVALUATOR

This will verify that _____ has successfully completed an evaluation of competencies required to be issued a btw / classroom (circle) conditional certificate.

DATE OF EVALUATION

EVALUATOR SIGNATURE