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## REQUEST FOR AN ENDORSEMENT TO A WASHINGTON TEACHING CERTIFICATE

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This application is subject to change. Call your local educational service district (ESD) office for another application packet or download materials from our Web site at <http://www.k12.wa.us/certification> if you've had this packet for longer than six months.

Only **COMPLETE** applications will be accepted by the educational service district (ESD) for processing by the Office of Superintendent of Public Instruction.

It is your responsibility to collect the items needed for evaluation for certification and submit them in one envelope to the ESD Office. Do not request that any of the items be sent directly to this office (OSPI).

**All fees are non-refundable.**

**Attention:** Total fee amounts due with this application include a \$33 OSPI processing fee.

### **ADDITIONAL ENDORSEMENT REQUIREMENTS:**

Completion of a state-approved teacher education or endorsement preparation program through a regionally accredited college/university.

**OR**

Hold a valid certificate issued by the National Board for Professional Teaching Standards (NBPTS) in an area identified on page 2.

**OR**

Hold an existing endorsement under current guidelines\* in a related area (see page 2) and complete 90 days teaching in the related endorsement area and complete the appropriate WEST-E subject area test.

\*Individuals should contact the Professional Certification office or their local ESD to determine whether they hold the appropriate endorsement before pursuing this route to add an endorsement.

Individuals who have completed a preparation program, endorsement program or pedagogy assessment (Pathway 2) at a Washington Professional Educators Standard Board-approved college/university need to contact their college/university for instructions.

To determine which WEST-E assessment to take, and to obtain information about registering for the WEST-E, visit <http://www.k12.wa.us/certification/Teacher/teachertesting.aspx>

**NBPTS CERTIFICATION QUALIFYING FOR WASHINGTON ENDORSEMENT  
AND EXEMPT FROM WEST-E REQUIREMENT**

<b>NBPTS Subject Area &amp; Age Range</b>	<b>WA Endorsements</b>
An NBPTS certificate in this subject and age range...	...qualifies for this Washington endorsement.
Generalist: Early Childhood Ed (3-8) Middle Childhood (7-12)	Early Childhood Education Elementary Education
Art Early and Middle Childhood (3-12) Early Adolescence thru Young Adulthood (11-18+)	Visual Arts Visual Arts
English as a New Language Early and Middle Childhood (3-12) Early Adolescence thru Young Adulthood (11-18+)	English Language Learner English Language Learner
English Language Arts Early Adolescence (11-15) Adolescence & Young Adulthood (14-18+)	English Language Arts English Language Arts
Exceptional Needs Early Childhood thru Young Adulthood (3-18+)	Special Education
Library Media Early Childhood thru Young Adulthood (3-18+)	Library Media
Mathematics Early Adolescence (11-15) Adolescence & Young Adulthood (14-18+)	Middle Level Math Mathematics
Science Early Adolescence (11-15) Adolescence & Young Adulthood (14-18+)	Middle Level Science Science
Social Studies Early Adolescence (11-15) Adolescence & Young Adulthood (14-18+)	Social Studies and History Social Studies and History
World Languages Early and Middle Childhood (3-12) Early Adolescence thru Young Adulthood (11-18+)	World Language World Language
Literacy Early and Middle Childhood (3-12)	Reading

**ADDING CERTIFICATE ENDORSEMENTS VIA TESTING AND EXPERIENCE**

<b>To obtain this Endorsement via Testing (Pathway 1)</b>	<b>You must already hold this Endorsement and have 90 days teaching experience in the area</b>
English Language Learners	Bilingual Education
Designated Arts: Theatre Arts	Designated Arts: Dance
Designated Science: Biology	Agriculture Education <b>or</b> Chemistry <b>or</b> Earth and Space Science <b>or</b> Physics <b>or</b> Science
Designated Science: Chemistry	Biology <b>or</b> Earth and Space Science <b>or</b> Physics <b>or</b> Science
Designated Science: Earth and Space Science	Agriculture Education <b>or</b> Biology <b>or</b> Chemistry <b>or</b> Physics <b>or</b> Science
Designated Science: Physics	Biology <b>or</b> Chemistry <b>or</b> Earth and Space Science <b>or</b> Science
Designated World Language	Designated World Language
Early Childhood Education	Early Childhood Special Education <b>or</b> Elementary Education
English Language Arts	Middle Level: Humanities
History	Middle Level: Humanities <b>or</b> Social Studies
Middle Level: Humanities	English Language Arts <b>and</b> Social Studies <b>(BOTH)</b>
Science	Agriculture Education <b>or</b> Biology <b>or</b> Chemistry <b>or</b> Earth Science <b>or</b> Physics
Social Studies	History <b>or</b> Middle Level: Humanities

# ADDITIONAL ENDORSEMENT APPLICATION CHECKLIST

FORM SPI/CERT 1522A APPLICATION FOR AN ENDORSEMENT  
(attach payment for certification fee to this form)

FEE In addition to the certification fee, a \$20.00 processing fee for the educational service district and a \$33 OSPI processing fee per certificate is required. Please select the appropriate box for the certificate(s) you are requesting and attach your check in the amount indicated made out to one of the educational service districts (ESDs) below:

One or more of the following:

Submit FORM SPI/CERT 1522E, Institutional Verification of Program Completion and Character  
OR

Copy of valid National Board for Professional Teaching Standards (NBPTS) certificate  
OR

Submit FORM SPI/CERT 1522F, Verification of Endorsement Experience and photocopy of WEST-E score report

Washington Certificate - Submit original teaching certificate so that it can be reissued with the added endorsement. The reissued certificate will bear the same dates as the original certificate. Adding an endorsement does not affect the validity of your certificate.

Additional Endorsement requested: \$15 (per additional endorsement) + \$20 (ESD) + \$33 (OSPI) = \$68

**SEND YOUR COMPLETE APPLICATION PACKET AND FEE TO ONE OF THE EDUCATIONAL SERVICE DISTRICTS (ESDs) LISTED BELOW:**

DO NOT send your application or fees to the Office of Superintendent of Public Instruction. OSPI is not authorized to collect certification fees.

ESD 101	4202 S. Regal	Spokane, WA 99223-7764	(509) 789-3800
ESD 105	33 South 2nd Ave.	Yakima, WA 98902	(509) 454-3102
ESD 112	2500 N.E. 65th Ave.	Vancouver, WA 98661-6812	(360) 750-7500
ESD 113	6005 Tye Drive S.W.	Tumwater, WA 98512	(360) 464-6714
Olympic ESD 114	105 National Ave. N.	Bremerton, WA 98312	(360) 478-6868
Puget Sound ESD (121)	800 Oakesdale Ave. S.W.	Renton, WA 98057	(425) 917-7600
ESD 123	3918 West Court Street	Pasco, WA 99301	(509) 547-8441
North Central ESD 171	P.O. Box 1847	Wenatchee, WA 98801-1847	(509) 665-2621
Northwest ESD 189	1601 R Avenue	Anacortes, WA 98221	(360) 299-4000

I am enclosing a COMPLETE Washington teacher certification application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION  
 Professional Certification  
 Old Capitol Building, PO BOX 47200  
 OLYMPIA WA 98504-7200  
 (360) 725-6400 TTY (360) 664-3631  
 Web Site: <http://www.k12.wa.us/certification/>  
 E-Mail: [cert@k12.wa.us](mailto:cert@k12.wa.us)

## INSTITUTIONAL VERIFICATION OF ENDORSEMENT PROGRAM COMPLETION AND CHARACTER

**Complete Section A of this form. Send it to the education department of the college/university where you completed your endorsement program. This form, when returned to you, is to be included with your application packet.**

### SECTION A

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

### SECTION B

TO BE COMPLETED BY COLLEGE/UNIVERSITY					
<p>The above named is an applicant for endorsement in Washington State. Complete information in Section B. To be valid, this form must be signed by the dean of the college or school of education, the certification officer, the chair of the education department, or the dean's designee at the institution where the applicant completed his/her endorsement program. A stamped signature must be initialed by the person using the stamp. RETURN THIS FORM TO THE APPLICANT.</p>					
<p>A. Has this applicant completed your state approved endorsement program? <span style="float: right;">A. <input type="checkbox"/> YES <input type="checkbox"/> NO</span>          Date of program completion. _____          If no, what were the deficiencies? _____</p>					
<p>B. Was he/she eligible for certification in your state at the completion of the endorsement program? <span style="float: right;">B. <input type="checkbox"/> YES <input type="checkbox"/> NO</span>          If no, what were the deficiencies? _____</p>					
<p>For C &amp; D, 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 field experience/internship that includes instruction in that content area.</p>					
<p>C. Area in which applicant is recommended for certification. Please indicate area and grade level(s).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">AREA</td> <td style="width: 20%;">GRADE LEVEL(S)</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> </tr> </table>		AREA	GRADE LEVEL(S)		
AREA	GRADE LEVEL(S)				
<p>D. Other approved content area/endorsement programs that applicant has completed:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">AREA</td> <td style="width: 20%;">GRADE LEVEL(S)</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> </tr> </table>		AREA	GRADE LEVEL(S)		
AREA	GRADE LEVEL(S)				
<p>E. Do you have knowledge that the applicant has been arrested, charged, or convicted of any crime or has a history of any serious behavioral problems?          YES <input type="checkbox"/> List any reason you know of why this applicant should not be certified in Washington.          NO <input type="checkbox"/></p>					
NAME OF COLLEGE/UNIVERSITY	DATE				
ADDRESS					
CITY/STATE/ZIP					
TELEPHONE (        )	E-MAIL				
NAME (PRINTED) AND TITLE (Chairperson of Education Department/Certification Officer)					
<p>By signing this form I attest that the above information is true and accurate to the best of my knowledge.</p>					
SIGNATURE					

## Endorsement Requirements

**State-Approved Program.** Candidates from out of state must provide verification that they completed a state-approved college/university program (equivalent to a major) in an endorsement area.

**Methods Course(s).** For endorsements, teachers must have completed related methods coursework in the specific endorsement area(s).

**Field Experience/Internship.** For endorsements, teachers must have completed a supervised practicum which included teaching in the specific endorsement area(s).

**Specialty Areas.** Specialty areas were created to help teachers specialize beyond the required certificate endorsements and have unique competencies not found in regular endorsements. Specialty areas cannot stand alone on a certificate; they must be in addition to a regular endorsement.

### WASHINGTON ENDORSEMENTS

<u>Grade Level</u>	<u>Endorsement</u>
All Levels:	Bilingual
“	Designated Arts:
“	Dance
“	Music: Choral
“	Music: General (neither Choral nor Instrumental)
“	Music: Instrumental
“	Theatre Arts
“	Visual Arts
“	Designated World Language (e.g. Spanish, French, etc.)
“	English Language Learner
“	Health/Fitness
“	Library Media
“	Reading
“	Special Education
Preschool – 3 <sup>rd</sup>	Early Childhood Education
“	Early Childhood Special Education
Elementary:	Elementary Education
Middle Level:	Middle Level Humanities
	Middle Level Mathematics
	Middle Level Science
Secondary:	Designated Vocational/Career and Technical Areas:
“	Agriculture Education
“	Business and Marketing Education
“	Family and Consumer Sciences Education
“	Technology Education
“	Designated Science:
“	Biology
“	Chemistry
“	Earth and Space Science
“	Physics
“	English Language Arts
“	History
“	Mathematics
“	Science
“	Social Studies

### WASHINGTON SPECIALTY AREAS

<u>Grade Level</u>	<u>Specialty Areas</u>
All Levels:	Deaf Education
“	Gifted and Talented
“	Visually Impaired
“	Orientation and Mobility
“	Environmental Sustainability



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 Web Site: <http://www.k12.wa.us/certification/>  
 E-Mail: cert@k12.wa.us

## VERIFICATION OF ENDORSEMENT EXPERIENCE

USE THIS FORM IF YOU ARE APPLYING FOR AN ENDORSEMENT VIA TESTING

### SECTION I

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 ( )				
7. WA CERT. NO.				
<p>Applicants will need to meet the experience requirement listed below to add an endorsement via testing:</p> <p>Verification of 90 days of teaching experience in the endorsement that is compatible in instructional methodology and content-related skills to the desired endorsement. If verifying experience for more than one employer, photocopy this form and send a copy to each employer.</p> <p>A Washington endorsement on a teaching certificate describes the subject area or grade level in which the teacher is authorized to teach.</p>				8. ENDORSEMENT (SUBJECT AREA) IN WHICH EXPERIENCE IS TO BE VERIFIED

### SECTION II

TO BE COMPLETED BY EMPLOYER, OR HIS/HER DESIGNEE, WHERE APPLICANT WAS EMPLOYED			
<p>Based on personnel records, this statement MUST be prepared and signed by the superintendent or the personnel director of the school district, or private school, where the applicant was employed. Stamped signatures MUST be initialed by the individual using the stamp. <u>Please return this completed form directly to the applicant.</u></p>			
SCHOOL/DISTRICT		APPLICANT'S POSITION TITLE	
FROM	TO	SUBJECT AREA IN WHICH APPLICANT TAUGHT (SEE ITEM 8. ABOVE)	NUMBER OF DAYS OF SERVICE IN THE ENDORSEMENT
SERVICE WAS	<input type="checkbox"/> FULL-TIME	FROM _____ TO _____ (DATE) (DATE)	
SERVICE WAS	<input type="checkbox"/> PART-TIME	FROM _____ TO _____ (DATE) (DATE)	
SERVICE WAS	<input type="checkbox"/> SUBSTITUTE	FROM _____ TO _____ (DATE) (DATE)	
ADDRESS		PRINTED NAME	
CITY/STATE/ZIP		TITLE OF PERSON COMPLETING FORM	
SIGNATURE		DATE	TELEPHONE ( )

RETURN COMPLETED FORM TO APPLICANT