



WASHINGTON STATE
RESIDENCY (REISSUANCE) APPLICATION
WAC 181-79A-145

ADMINISTRATOR - PRINCIPAL OR PROGRAM ADMINISTRATOR
APPLICATION INSTRUCTIONS

For those who hold a Residency Administrator certificate and have served 2 years in the role.
 (For more information visit our certification website at <http://www.k12.wa.us/certification/>)

CONTENTS: This packet contains the following instructions and forms needed to apply for certification.

- Instructions: Contents; How to Apply Checklist [& Requirements]
- 4001R Application Form

HOW TO APPLY FOR REISSUANCE OF THE RESIDENCY CERTIFICATE

Step 1. Application. Submit completed application form to OSPI at the following address, or if an immediate permit is needed, see Step 2.

Office of Superintendent of Public Instruction, Professional Education and Certification, Old Capitol Building,
 PO Box 47200, Olympia, WA 98504-7200

Step 2. Permit. If an immediate permit is desired, an ESD office can issue a temporary 180-day permit (a \$20 charge is required for this service). Submit completed application form and fee to one of the following ESDs:

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) 750-7503
ESD 113	601 McPhee Road S.W.	Olympia, WA 98502-5080	(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 98055	(425) 917-7600
ESD 123	3918 West Court	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

Step 3. Certificate. When all requirements have been documented, the OSPI Certification office can reissue the certificate.
 Note: If you have not received your certificate within 2–3 weeks prior to the expiration date of your permit, contact OSPI at:

Phone: (360) 725-6400 email: cert@k12.wa.us TTY: (360) 664-3631

CHECKLIST [& REQUIREMENTS] FOR REISSUANCE OF THE RESIDENCY ADMINISTRATOR CERTIFICATE

The Reissued Residency Administrator Certificate (valid for five years):

Application – [Must provide employment history.] Submit Form SPI/CERT 4001R, Application for Washington State Residency (Reissuance) Certificate.

Fee – There is no fee.

Send all required materials following instructions in Step 1 or 2 above.

EXCERPT FROM REGULATION [WAC 181-79A-145]

(2) (b) The first issue of a residency certificate for teachers, principals, program administrators, and educational staff associates shall be valid until the holder has completed two consecutive years of successful service in the role in Washington with a school district, state approved private school, or state agency that provides educational services for students. When the teacher, principal, program administrator, or educational staff associate completes two consecutive years of successful service in the role in the state with the same employer, their residency certificate will be reissued with a five-year expiration date; provided, that the second consecutive year of successful service in the role will be considered to be complete for purposes of reissuance if a contract for the third such year has been signed and returned to the employer. Prior to the expiration date, the candidate must earn a professional certificate or meet residency renewal requirements under WAC 181-79A-250 (2)(b) and (c).



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Education and 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@ok12.wa.us

APPLICATION FOR REISSUANCE OF THE RESIDENCY ADMINISTRATOR CERTIFICATE

Complete Section I of this form. If you have ever completed 2 years of certificated employment as an administrator in Washington, send the form to the school district or private school where you were employed. This form, when returned to you, is to be submitted to OSPI at the above address.

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: BUSINESS ()				6. E-MAIL
HOME ()				
7. Have you ever held a Washington teacher, administrator, or educational staff associate certificate? If yes, what was your certificate number?				7. <input type="checkbox"/> YES <input type="checkbox"/> NO
8. Have you ever completed two years of employment as an administrator at a public school or approved private school in Washington?		If the answer to #8 was YES... answer #9 and #10, and give this form to the employer to complete Section II.		9. DATE COMPLETED
<input type="checkbox"/> YES <input type="checkbox"/> NO				10. EMPLOYER

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.

Signature

Date

City/State

SECTION II

TO BE COMPLETED BY EMPLOYER OR DESIGNEE WHERE APPLICANT COMPLETED PROVISIONAL STATUS [2 YEARS] EMPLOYMENT

Based on personnel records, this statement **MUST** be prepared and signed by the superintendent or the personnel director of the school district or approved private school where the applicant was employed. Stamped signatures **MUST** be initialed by the individual using the stamp. Please return the completed form directly to the applicant.

SCHOOL DISTRICT/PRIVATE SCHOOL NAME		APPLICANT'S POSITION TITLE	
DATE OF EMPLOYMENT	HAS APPLICANT COMPLETED TWO YEARS EMPLOYMENT IN THIS ROLE SINCE ISSUANCE OF THE RESIDENCY CERTIFICATE?		<input type="checkbox"/> YES <input type="checkbox"/> NO
(IF YES) DATE COMPLETED	ROLE: <input type="checkbox"/> PRINCIPAL <input type="checkbox"/> PROGRAM ADMINISTRATOR		
ADDRESS		TELEPHONE ()	
CITY/STATE/ZIP		E-MAIL	
NAME (PRINTED) AND TITLE			
SIGNATURE		DATE SIGNED	

For use by Professional Education and Certification only:

Type of Cert. Issued		Endorsement		Mailed:
Approved by	Date	State		Issued:
Materials Sent:				Codes: