



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

VERIFICATION OF PROGRAM COMPLETION AND CHARACTER

ALL SECTIONS must be completed. Send it to the institution/organization* where you completed your teacher preparation and certification program. 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: BUSINESS ()				6. E-MAIL	
HOME ()					

SECTION B

TO BE COMPLETED BY COLLEGE/UNIVERSITY					
<p>The above named is an applicant for teacher certification in Washington State. To be valid, this form must be signed by the program director of the organization or 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 teacher preparation and certification 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 teacher education program? Date of program enrollment. _____ Date of program completion. _____ If no, what were the deficiencies? _____</p>	<p style="text-align: right;">A. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: right;">Date of student teaching. _____</p>				
<p>B. Was he/she eligible for certification in your state at the completion of the teacher preparation program? If no, what were the deficiencies? _____</p>	<p style="text-align: right;">B. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>				
<p>C. Did the applicant complete his/her practicum/student teaching in a Washington school?</p>	<p style="text-align: right;">C. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>				
<p>For D & E, 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.</p>					
<p>D. 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: 40px;"> </td> <td> </td> </tr> </table>	AREA	GRADE LEVEL(S)		
AREA	GRADE LEVEL(S)				
<p>E. 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: 40px;"> </td> <td> </td> </tr> </table>	AREA	GRADE LEVEL(S)		
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<p>F. 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?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> List any reason you know of why this applicant should not be certified in Washington. _____</p>					

NAME OF INSTITUTION/ORGANIZATION	DATE	<p>By signing this form I attest that the above information is true and accurate to the best of my knowledge.</p>
ADDRESS		
CITY/STATE/ZIP		
TELEPHONE ()	E-MAIL	
NAME (PRINTED) AND TITLE (Program Director of Organization/Chairperson/Dean of Education Department/ Certification Office)		