

CHECKLIST [& REQUIREMENTS]. COMPLETE AND ATTACH THIS CHECKLIST AS A COVER SHEET.

If your initial certificate has expired:

- Fingerprint Check*** - Submit fingerprints to the OSPI Fingerprint Office (can be electronic) if you do not hold a valid Washington certificate. [Must have state and national checks of fingerprints.] Note: Fingerprinting is not part of this application. Date fingerprints were submitted: _____ (date)
- Background Questionnaire*** - Submit Form SPI/CERT 4020B, Character and Fitness Supplement if you do not hold a valid Washington certificate. [Must provide background information.]
- Other State's Certificate*** - If applicant holds/has held a certificate in another state, submit Form SPI/CERT 4020C, Verification of Good Standing for Certificates Held in Other States, and a copy of each out-of-state teaching certificate. [Must report previous certification.]

***Note:** Required only if you have no valid Washington certificate. If the fingerprint/background check reveals a criminal record, or if you answer "yes" on the background questionnaire, your application materials will be forwarded to the Office of Professional Practices for review, and could delay the certification process.

Renewal of an Initial Certificate (valid for three years):

- Eligibility** - [You must hold a valid initial certificate which has not been renewed since August 31, 2000. If your initial certificate has expired you must have met certification requirements before the expiration date, but can apply late with a late fee.]
- Application** - [Minimum age 18, Must provide employment and education history] Submit Form SPI/CERT 4020A, Application for Washington State Teacher Certificate
- Fee** - Submit Fee Payment Schedule with payment. If applying late, include \$100 late fee.
- Course Work** - Submit official transcripts. [Must have completed one of the following:
 - All course work requirements for the continuing certificate (see below)
 - or
 - 15 quarter (10 semester) hours of study since the issuance of the most recent initial certificate. Clock hours may **not** be used to meet the above requirements.]

The Continuing Certificate (valid for five year periods):

- Eligibility** - [You must hold a valid initial certificate. If your initial certificate has expired you must meet certification requirements in effect at the time you apply and you must use a different application packet.]
- Application** - [Minimum age 18, Must provide employment and education history] Submit Form SPI/CERT 4020A, Application for Washington State Teacher Certificate
- Fee** - Submit Fee Payment Schedule with payment.
- Course Work** - Submit official transcripts. [Must have completed one of the following:
 - 45 quarter hours (30 semester hours) of upper division or graduate level postbaccalaureate study (unless credits were used to add an endorsement, in which case lower division course work is acceptable). Clock hours may **not** be used to meet the above requirements.
 - or
 - A master's degree from a regionally accredited college or university.]
- Experience** - Report this on Form 4020F. [180 days full-time teaching experience is required, of which 30 days must be in one district. Substitute teaching, out-of-state teaching, and teaching in more than one district is acceptable.]
- Issues of Abuse** - Report this on Form 4020A. [Must have successfully completed course work or an inservice program on issues of abuse as a condition for the issuance of a continuing certificate. The content of the course work or inservice program shall discuss the identification of physical, emotional, sexual, and substance abuse; information on the impact of abuse on the behavior and learning abilities of students; discussion of the responsibilities of a teacher to report abuse or provide assistance to students who are the victims of abuse; and methods for teaching students about abuse of all types and its prevention.]

Send all required materials following instructions in Step 2 on page 1.

FEE PAYMENT SCHEDULE

All Fees Are Nonrefundable

Attention: Total fee amounts due change on October 1, 2011 to include an OSPI processing fee. Any application submitted (postmarked) after September 30, 2011 must include the new fee amounts or processing will not continue. ***If more than one application packet is being submitted, only one fee payment schedule needs to be completed.***

	APPLICATIONS SUBMITTED	CERT. FEE	OSPI FEE (After 9-30-11)	AMOUNT
TEACHERS	Residency Teacher Certificate (1 st Issue)	\$35	+ \$33 =	_____
	5-Yr Renewal of Residency Teacher Certificate	\$25	+ \$33 =	_____
	2-Yr Renewal of Residency Teacher Certificate	\$10	+ \$33 =	_____
	Renewal of Initial Teacher Certificate*	\$15	+ \$33 =	_____
	Continuing Teacher Certificate*	\$70	+ \$33 =	_____
	Professional Teacher Certificate (or Renewal)	\$25	+ \$33 =	_____
	Intern Substitute Certificate	\$5	+ \$33 =	_____
	Additional Endorsement Application [per endorsement]	\$15	+ \$33 =	_____
EDUCATIONAL STAFF ASSOCIATES	Residency ESA Certificate (psychologist, counselor, social worker) [per role]	\$35	+ \$33 per role =	_____
	Initial ESA Certificate (speech-language pathologist or audiologist, Nurse, occupational or physical therapist only) [per role]	\$35	+ \$33 per role =	_____
	Conversion to Seven-Year ESA Certificate (speech-language pathologist or audiologist, nurse, occupational or physical therapist) [per role]	\$35	+ \$33 per role =	_____
	Continuing ESA Certificate [per role]	\$70	+ \$33 per role =	_____
	Professional ESA Certificate (or Renewal) [per role]	\$25	+ \$33 per role =	_____
ADMINISTRATIVE	Initial Administrator Certificate (Superintendent only)	\$35	+ \$33 =	_____
	Residency Principal or Program Administrator Certificate [per role]	\$35	+ \$33 per role =	_____
	Continuing Administrator Certificate [per role]	\$70	+ \$33 per role =	_____
	Professional Administrator Certificate (or Renewal) [per role]	\$25	+ \$33 per role =	_____
REINSTATEMENT TRANSITIONAL	Reinst. Of Lapsed Continuing Certificate [per role]	\$15	+ \$33 per role =	_____
	Transitional Certificate [per role]	\$10	+ \$33 per role =	_____
SUBSTITUTE	Substitute Certificate (Teacher, Admin., or ESA) [per role]	\$15	+ \$33 per role =	_____
	Emergency Substitute Certificate (Teacher, Admin., or ESA) [per role]	\$15	+ \$33 per role =	_____
ESD PROCESSING FEE	ESD screening fee includes receipt of the fee, review of the collected materials, preliminary evaluation of the application(s), and when appropriate, issuing of temporary permits.		<u>\$ 20</u>	
	Subtotal		\$ _____	

CAREER & TECHNICAL ED	Career & Technical Ed (CTE) Certificate (requires a separate application)	\$1 _____	+ \$33 = _____
		Subtotal	\$ _____

OTHER FEES <i>These types of certification may not carry a \$20 ESD processing fee, unless a permit is required.</i>	Separate applications are required for the following:		
	Late fee (expired Initial or Initial Renewal Certificate)	\$100 _____	+ \$33 per role = _____
	Replacement/Name Change on Certificate (per certificate)	\$15 _____	+ \$33 = _____
	Emergency Certificate	\$5 _____	+ \$33 = _____
	Conditional Certificate	\$10 _____	+ \$33 = _____
	Institutional Application Materials (appropriate fee is listed on application)	_____	+ \$33 = _____
	First Peoples' Language, Culture and Oral Traditions Certificate Additional fee requested by OSPI	\$25 _____	
	Subtotal	\$ _____	

*Only applicable for those holding valid Initial or Initial (Renewal) Certificates. Those applying after Initial or Initial Renewal has expired must include late fee also.

**Only applicable if the applicant already has a Washington teaching certificate.

Make check payable to the ESD in your area [see table at the beginning of this packet for addresses].

TOTAL SUBMITTED (Pages 1 and 2)	\$ _____
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SEND YOUR COMPLETE APPLICATION PACKET AND FEE TO ONE OF THE EDUCATIONAL SERVICE DISTRICTS (ESDs) LISTED BELOW:

DO NOT send your application or fee(s) 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 2 nd Ave	Yakima, WA 98902	(509) 454-3102
ESD 112	2500 N.E. 65 th 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 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" Ave.	Anacortes, WA 98221	(360) 299-4000

10. Provide your employment history for the past ten years.

EDUCATIONAL EXPERIENCE - Please list your most recent experience first.

I have not been employed in an educational setting in the past ten years.

Grades Taught	Dates of Employment	District	City/State	No. of Days if less than Full-Time	Type of Certificate Held

ATTACH ADDITIONAL SHEETS IF NECESSARY.

NONEDUCATIONAL EXPERIENCE

I have not been employed in a non-educational setting in the past ten years.

Employer or District	Dates of Employment	Name and Address of Immediate Supervisor
Position	Telephone No.	
Employer or District	Dates of Employment	Name and Address of Immediate Supervisor
Position	Telephone No.	

ATTACH ADDITIONAL SHEETS IF NECESSARY.

11. List the name of every community college and undergraduate and graduate institution you have attended in the space below and provide the additional information requested. Transcripts are required only for degrees and coursework which are needed to document requirements for the requested certificate.

Institution	Location City/State	Dates Attended		Degrees Granted	Post BA Credits Earned		Transcript Enclosed
		From	To		Semester	Quarter	

ATTACH ADDITIONAL SHEETS IF NECESSARY.

NOTE: ALL OFFICIAL TRANSCRIPTS NEEDED TO EVALUATE YOUR APPLICATION FOR THE REQUESTED CERTIFICATE MUST BE SUBMITTED WITH THIS APPLICATION.

AFFIDAVIT

I, _____, certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing and all information included in this application is true and correct. If the answers to any question on the application or the character and fitness supplement on the application change prior to my being granted certification, I must immediately notify Professional Education and Certification at OSPI.

Signature _____

Date _____

City/State _____

THIS FORM MUST BE INCLUDED IN THE APPLICATION PACKET. ATTACH YOUR CHECK TO THIS FORM.

APPLICATIONS RECEIVED THAT DO NOT INCLUDE ALL OF THE REQUESTED MATERIALS WILL BE RETURNED TO THE APPLICANT.



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Certification
 Office of Professional Practices
 Old Capitol Building, PO BOX 47200
 OLYMPIA WA 98504-7200
 OPP (360) 725-6130 TTY (360) 664-3631
 Web Site: <http://www.k12.wa.us/certification>
 E-Mail: cert@k12.wa.us

CHARACTER AND FITNESS SUPPLEMENT

Please complete the following questions carefully and completely before providing information and signing the affidavit. **Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification, or in the case of a certificate holder, reprimand, suspension, or revocation of the educational certificate, credential, or license.**

ALL REQUIRED DOCUMENTATION REQUESTED BELOW MUST ACCOMPANY THIS FORM. ALL QUESTIONS MUST BE ANSWERED. IF ADDITIONAL SPACE IS NEEDED, ATTACH ON A SEPARATE SHEET OF PAPER.

SECTION I - PERSONAL INFORMATION (please print or type)

1. NAME	LAST	FIRST	MIDDLE	2. MAIDEN NAME
3. ADDRESS				4. DATE OF BIRTH
CITY/STATE/ZIP				5. SOCIAL SECURITY NO. (OPTIONAL)
6. TELEPHONE				7. E-MAIL
BUSINESS: ()				HOME: ()
8. Please list all former names you have used and approximate dates of use. (If more than three, list on separate sheet of paper.)				
				Date
				Date
				Date

SECTION II - PROFESSIONAL FITNESS

- | | Yes | No | Question |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you ever held or do you currently hold a Washington education certificate? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you ever held or do you currently hold any education certificate, credential or license authorizing service in the public/private schools in another state, province, territory, or country? If "yes," list the states, provinces, territories, and/or countries: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Are you currently or have you ever been the subject of any certificate or licensing investigation or inquiry by any certification or licensing agency for allegations of misconduct? If "yes," on a separate sheet of paper, list the agency, including complete address and telephone number as well as the purpose of the investigation or inquiry. |

If you answer "yes" to questions 4 through 11 (Section II), on a separate sheet of paper, give a complete explanation, including duties, circumstances, and supporting documentation.

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever had any adverse action taken on any certificate or license? (Adverse action includes letters of warning, reprimands, suspensions [including stayed], revocations, voluntary surrenders, or avoidance.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you ever been denied, or otherwise rejected for cause, an education certificate, credential, or license? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you ever withdrawn an application for any education certificate, credential, or license? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you ever practiced in any educational position in a public school for which you did not hold the appropriate valid educational certificate, credential, or license for that position? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Have you ever been dismissed, discharged, or fired from any employment position involving children or dependent adults? (Do not include RIFs) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Have you ever resigned from or otherwise left any employment (e.g., settlement agreement) while allegations of misconduct were pending? |

- Yes No
10. Have you ever been disciplined by a past or present employer because of allegations of misconduct?
- Yes No
11. Are you currently or have you ever been the subject of any investigation or inquiry by an employer because of allegations of misconduct?

SECTION III - CRIMINAL HISTORY

If you answer "yes" to any of the questions 1–5 (Section III), please provide the following:

- A. On a separate sheet of paper state the following:
- A detailed statement including what occurred, the nature of the offense, charge or warrant.
 - The name and address of the arresting agency.
 - If a court was involved, the name and address of the court.
 - The date of the arrest.
 - The final disposition, if any.
- B. If a court was involved, provide a copy of the court docket (can be obtained at the court in which the charge[s] were filed).
- C. Provide a copy of the complete arresting officer's report.
- D. If a court was involved, provide the sentence and judgment (can be obtained at the court in which the charge[s] were filed).
- E. If the arrest was driving related, provide a copy of a current and complete 5-year driving abstract.

NOTE: For questions 1, 2, 3, DO NOT include minor in possession (MIP)/minor in consumption (MIC) occurring more than 2 years ago or driving under influence (DUI) occurring more than 5 years ago.

- Yes No
1. In the last 10 years, have you ever been arrested for any crime or violation of the law? (Do NOT include Minor in Possession [MIP]/Minor in Consumption [MIC] occurring more than 2 years ago or Driving Under Influence [DUI/DWI] occurring more than 5 years ago.) (Note: For "yes" responses to 1, 2, 3, even if your case was dismissed or your record was sealed you must answer this question in the affirmative.) You need not list traffic violations for which a fine or forfeiture of less than \$300 was imposed.
2. In the last 10 years, have you ever been fingerprinted as a result of any arrest for any crime or violation of the law?
3. In the last 10 years, have you ever been convicted of any crime or violation of any law? (Note: For the purpose of this question "convicted" includes [1] all instances in which a plea of guilty or nolo contendere is the basis of conviction, [2] all proceedings in which a sentence has been suspended or deferred, [3] or bail forfeiture.) You need not list traffic violations or fines for which a fine or forfeiture of less than \$300 was imposed.
4. Have you ever been convicted of any felony crime?
5. Do you currently have any outstanding criminal charges or warrants of arrest pending against you? This would include Washington State, any other state, province, territory, and/or country.
6. Have you ever been or are you presently under investigation in any jurisdiction for possible criminal charges? If your answer is "yes," identify agency and location (street address, city, state) and the circumstances or details relating to the investigation on a separate piece of paper.

SECTION IV - FITNESS

If you answer "yes" to any question (Section IV), provide a written explanation on a separate sheet of paper:

- Yes No
1. Have you ever exhibited any behavior or conduct which might negatively impact your ability to serve in a role which requires a certificate, credential, or license?
2. In the past 10 years, have you ever engaged in any conduct which resulted in the damage or destruction of property? (For purposes of questions 2 and 3, property includes both real and personal property owned by you or another. Do not list damages done as the result of an automobile accident.)
3. In the last 10 years, have you ever threatened to damage or destroy property?
4. Have you ever engaged in any conduct which resulted in the physical injury or harm of any person(s)? (Do not list injury or harm caused as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.)
5. Have you ever threatened to do physical injury or harm to any person(s)? (Do not list threats issued as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.)

SECTION IV - FITNESS

- Yes No
 6. Do you have a medical condition which in any way impairs or limits your ability to serve in a certificated role with reasonable skill and safety?
- N/A 7. If you use chemical substance(s), does this use in any way impair or limit your ability to serve in a certificated role with reasonable skill and safety?
- N/A If you disclosed a "yes" answer to questions 6 or 7 above, are the limitations or impairments caused by your medical condition(s) or substance abuse reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? Please explain on a separate sheet of paper and provide the name, address, and telephone number of the program.
8. Do you currently use illegal drugs?
9. Have you used illegal drugs in the last year?
- N/A If you disclosed a "yes" answer to question 9 above, have you successfully completed or are you participating in a supervised rehabilitation program? Please explain on a separate sheet of paper and provide the name, address, and telephone number of the program.

If you answer "yes" to questions 10 or 11, attach copies of any court orders entered in the proceeding.

- Yes No
 10. Have you ever been found in any dependency or domestic relation matter to have sexually assaulted or exploited any minor?
11. Have you ever been found in any dependency or domestic relation matter to have physically abused any person?

If you answer "yes" to questions 12 or 13, and a repayment agreement has been established, attach copies of the repayment agreement from the appropriate agency.

- Yes No
 12. Are you currently in default status on any educational loan or scholarship? (Do not include loans that are currently in a compliant deferment status.)
13. Are you currently in non-compliance with a support order?

SECTION V - CHARACTER REFERENCES

List three individuals, not related to you, who will serve as character references.

NAME	TELEPHONE NUMBER ()
MAILING ADDRESS	CITY/STATE/ZIP
E-MAIL ADDRESS (OPTIONAL)	
NAME	TELEPHONE NUMBER ()
MAILING ADDRESS	CITY/STATE/ZIP
E-MAIL ADDRESS (OPTIONAL)	
NAME	TELEPHONE NUMBER ()
MAILING ADDRESS	CITY/STATE/ZIP
E-MAIL ADDRESS (OPTIONAL)	

*** ATTENTION ***

Please complete the appropriate sections on the next page (pg. 4 of 4).

ALL APPLICANTS MUST COMPLETE THE AFFIDAVIT

AFFIDAVIT

I, _____ certify (or declare) under the penalty of perjury under the laws of the state of Washington that the foregoing and all information included in the application is true and correct.

If the information provided or answer(s) to any question on the application or character and fitness supplement changes prior to my being granted certification, I must immediately notify the Office of Professional Practices and my college/university if I am a college/university candidate.

I understand I must answer this application truthfully and completely. Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification, or in the case of a certificate holder, reprimand, suspension, or revocation of the educational certificate, credential, or license.

SIGNATURE

DATE

CITY/STATE

THE FOLLOWING AFFIDAVIT MUST BE COMPLETED BY WASHINGTON COLLEGE/UNIVERSITY STUDENTS AND THOSE COMPLETING A PESB APPROVED TRAINING PROGRAM.

AFFIDAVIT

I hereby authorize _____ to release, orally or in writing as may be requested, all student records and other personally identifiable information to the Office of the Superintendent of Public Instruction (OSPI) for the purpose of investigating and determining my eligibility for Washington State certification pursuant to RCW 28A.410, WAC 181-86, and WAC 181-87, as now or hereafter amended.
(name of institution or organization)

SIGNATURE OF APPLICANT

DATE



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@k12.wa.us

CONTINUING CERTIFICATE: VERIFICATION OF EXPERIENCE

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				WA CERT. NO.
BUSINESS () HOME ()				
E-MAIL				

If you are applying for the continuing certificate, you will need to verify appropriate experience on this form. Applicants will need to meet the experience requirement listed below for the continuing certificate:

Verification of 180 days of appropriate service in the respective role (teacher, educational staff associate, administrator other than principal) of which 30 days must have been with the same employer. Substitute service in the role can be used. If verifying experience for more than one employer, photocopy this form and send to each employer.

Please note: Individuals who do not hold a valid initial principal's certificate issued prior to September 1, 1998 applying for the continuing principal's certificate will need to verify three years (540 days) of service as a principal, vice principal, or assistant principal.

SECTION II

TO BE COMPLETED BY EMPLOYER, OR HIS/HER DESIGNEE, WHERE APPLICANT WAS EMPLOYED				
Based on personnel records, this statement MUST be prepared and signed by the superintendent or the personnel director of the school district, private school, or administrator at the college/university 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>				
SCHOOL DISTRICT			APPLICANT'S POSITION TITLE	
FROM	TO	IF PERSON SERVED IN DUAL ROLE, INDICATE PERCENTAGE OF FULL-TIME EQUIVALENCY IN EACH ROLE:	NUMBER OF DAYS OF SERVICE EACH YEAR:	
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