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## EMERGENCY CERTIFICATE REQUIREMENTS

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**Attention:** Total fee amounts due with this application 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.

The emergency certificate may be issued under specific circumstances for a limited period of service to an individual who does not meet requirements for regular teacher, school psychologist, school counselor, school social worker or principal certification. Individuals must hold the appropriate degree and have substantially completed a program of preparation in accordance with Washington requirements for certification.

A school district superintendent, educational service district superintendent, or private school administrator must request the emergency certificate and justify the following:

- A qualified person who holds regular certification is not available or that the position is essential and circumstances warrant consideration of issuance of an emergency certificate.
- The candidate for emergency certification as a school counselor, school psychologist, or school social worker shall be the best qualified of the candidates for the position.

Individuals requesting an emergency school counselor, school psychologist or school social worker must also document:

- Completion of all course work for the required master's degree with the exception of the internship.
- The candidate for emergency certification as a school psychologist shall be enrolled in an approved school psychologist preparation program and shall be participating in the required internship.

The emergency certificate is valid for one school year or less and it is expected that the individual complete all requirements and obtain regular certification in order to continue employment.

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## APPLICATION INSTRUCTIONS

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**Only COMPLETE applications (all items except your fingerprint cards) 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.

Washington State law requires that any applicant who does not hold a valid Washington certificate at the time of application must be fingerprinted for a state and national background check. Since this could delay the application, we urge you to initiate this process as soon as possible.

**Fingerprints.** You may select one of the following options to complete the fingerprint process:

- A. You may complete the fingerprint process in person at one of the ESD locations listed on page utilizing the Live Scan electronic fingerprinting process. This process does not require a fingerprint card and is subject to an additional processing fee. Please contact the ESD of your choice for details.
- B. If your fingerprints are worn and not easily discernable the State Patrol recommends you have your prints processed by the ink and roll method using the fingerprint card and instruction sheet which can be obtained from our office. Once you have the card and instructions, this may be completed by contacting a law enforcement agency that will fingerprint applicants for non-criminal background checks. Please check with the agency for additional processing fees. Some ESD offices may provide the ink and roll method in addition to the electronic Live Scan.

If the background check reveals a criminal record, or if you answer "yes" on the character and fitness supplement (Form SPI/CERT 4020B), your application materials will be forwarded to the Office of Professional Practices for review. This may delay the certification process for several months. The Professional Certification office cannot act on your application materials until clearance is received from the Office of Professional Practices.

Upon receipt of appropriate materials (excluding testing) and fee(s) and upon determination of eligibility, the ESD can issue the applicant a temporary 180-day permit, which allows employment while awaiting final certification.

# EMERGENCY CERTIFICATE CHECKLIST

- FORM SPI/CERT 4026A      APPLICATION FOR WASHINGTON STATE EMERGENCY CERTIFICATE  
(attach payment for certification fee to this form)
- FORM SPI/CERT 4026B      DISTRICT REQUEST FOR EMERGENCY CERTIFICATE
- FORM SPI/CERT 4026E      VERIFICATION OF TEACHER/PRINCIPAL PROGRAM ENROLLMENT  
OR
- FORM SPI/CERT 4026E-1      VERIFICATION OF ESA PROGRAM ENROLLMENT
- FEE      In addition to the certification fee, a \$20.00 processing fee for the educational service district (ESD) is required. **After September 30, 2011 a \$33.00 OSPI processing fee per certificate is also 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 ESDs below.
- OFFICIAL TRANSCRIPTS

If you do not hold a valid Washington certificate the following are also required:

- FORM SPI/CERT 4020B      CHARACTER AND FITNESS SUPPLEMENT
- FORM SPI/CERT 4020C      VERIFICATION OF GOOD STANDING FOR CERTIFICATES HELD IN OTHER STATES
- FINGERPRINT BACKGROUND CHECK      Please indicate the date submitted: \_\_\_\_\_
- Emergency : \$5 + \$20 (ESD) = \$25

**After 9-30-2011:**

- Emergency : \$5 + \$20 (ESD) + \$33 (OSPI) = \$58

**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 Tyee 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



## APPLICATION FOR WASHINGTON STATE EMERGENCY CERTIFICATE

**Certificate is valid for one school year or less.**

**Please complete the following questions and sign the affidavit.**

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 ( ) HOME ( )				6. E-MAIL

7. Have you ever held a Washington teacher, administrator, or educational staff associate certificate?  
 If yes, what was your certificate number?  7.  YES  NO
8. Have you held an educational certificate in another state? If yes, list all such states here and complete Form SPI/CERT 4020C  
  
  
 8.  YES  NO
9. Have you received a bachelor's degree from regionally accredited college or university?  
 If yes, list the college(s) or university(ies) here.  9.  YES  NO
10. Have you completed an approved teacher preparation program?  
 If no, list the college or university where you are currently completing a teacher preparation program here.  
 10.  YES  NO

**For use by Professional Certification only:**

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

11. List the name of every community college and undergraduate institution you have attended in the space below and provide the additional information requested. Official transcripts (those with the college or university seal) must be submitted and attached to this page of your application.

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

Attach separate page for additional education, if necessary.

12. Official transcripts (those with the college or university seal) must be submitted and attached to this page of your application. List all transcripts you are providing.


13. 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.**

NON-EDUCATIONAL 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.**

**NOTE:** ALL OFFICIAL TRANSCRIPTS NEEDED TO EVALUATE YOUR APPLICATION FOR A 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 change prior to my being granted certification, I must immediately notify Professional 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](mailto: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"/> | 1. Have you ever held or do you currently hold a Washington education certificate?   |
| <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"/> | 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?
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 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)

## VERIFICATION OF TEACHER/PRINCIPAL PROGRAM ENROLLMENT

**Complete Section A of this form. Send it to the education department of the college/university where you are currently completing your teacher/principal preparation and certification 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 an emergency certificate in Washington State. Complete information in Section B regarding this applicant. To be valid, this form must be signed by the dean of the college or school of education, the certification officer, the chairman of the education department, or the dean's designee at the institution where the applicant is currently completing his/her teacher/principal preparation and certification program. A stamped signature must be initialed by the person using the stamp. Verify the information with the school seal. RETURN THIS FORM TO THE APPLICANT.</p>	
A. Is the applicant currently enrolled in your state-approved teacher education or principal program?	A. <input type="checkbox"/> YES <input type="checkbox"/> NO
B. Anticipated date of program completion. _____	
C. Major area(s) in which applicant will be recommended: _____ _____	
D. Additional area(s) applicant may be eligible to teach: _____	
E. Has this applicant completed a minimum of 24 quarter hours of 16 semester hours in special education?	E. <input type="checkbox"/> YES <input type="checkbox"/> NO
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?	YES <input type="checkbox"/> NO <input type="checkbox"/> List any reason you know of why this applicant should not be certified in Washington. _____
NAME OF COLLEGE/UNIVERSITY	DATE
ADDRESS	
CITY/STATE/ZIP	
TELEPHONE (        )	NAME (PRINTED)
SIGNATURE AND TITLE (Chairperson of Education Department/Certification Officer)	
<b>COLLEGE SEAL</b> This form must bear the college/university seal.	

**RETURN COMPLETED FORM TO THE APPLICANT**



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 ESA PROGRAM ENROLLMENT

Complete Section A of this form. Send it to the education department or appropriate department of the college/university where you are completing your educational staff associate preparation 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 (        )				HOME (        )	
				6. E-MAIL	

### SECTION B

TO BE COMPLETED BY COLLEGE/UNIVERSITY	
<p>The above-named is an applicant for an emergency ESA certificate in Washington State. Complete information in Section B regarding this applicant. To be valid, this form must be signed by the dean or certification officer of the college or the chair of the department at the institution where the applicant is currently completing his/her preparation program. A stamped signature must be initialed by the person using the stamp. Verify the information with the school seal. RETURN THIS FORM TO THE APPLICANT.</p>	
<p>A. Is the applicant currently enrolled in a state-approved program for the training of:</p> <p><input type="checkbox"/> School Counselor    <input type="checkbox"/> School Psychologist    <input type="checkbox"/> School Social Worker    <input type="checkbox"/> None of the above</p>	
<p>B. Anticipated date of program completion. _____</p>	
<p>C. Has the applicant completed all course work for a master's degree with the exception of the internship in one of the specializations listed above?    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p>	
<p>D. Will the applicant be eligible to serve in the common schools in your state upon completion of a state-approved program in one of the specializations listed above?    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p>	
<p>E. If specialization is school psychology, is applicant enrolled in a state-approved school psychologist preparation program and participating in a required internship?    <input type="checkbox"/> YES    <input type="checkbox"/> NO    <input type="checkbox"/> N/A</p> <p>If yes, anticipated date of program _____</p>	
<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?    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 COLLEGE/UNIVERSITY		DATE	<b>COLLEGE SEAL</b> This form must bear the college/university seal.
ADDRESS			
CITY/STATE/ZIP			
TELEPHONE (        )	NAME (PRINTED)		
SIGNATURE AND TITLE (Chairperson of Education Department/Certification Officer)			

RETURN COMPLETED FORM TO THE APPLICANT