



WASHINGTON STATE

EMERGENCY SUBSTITUTE CERTIFICATE

WAC 181-79A-231(4)

APPLICATION INSTRUCTIONS

(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; Additional Materials Required; How to Apply for an Emergency Substitute Certificate in Washington; Checklist [& Requirements] for Emergency Certificate in Washington; Excerpt from Regulation
4027A Application Form (2 pages)
4027B District Request for Emergency Substitute Certificate
4020B Character & Fitness Supplement (3 pages)
4020C Verification of Good Standing (if applicant has held other states' certificates)
FEES Fee Payment Schedule

ADDITIONAL MATERIALS REQUIRED: Applicants are required to obtain and submit additional materials.

- FINGERPRINTS See Step 1, below. (Not submitted with this application.)
ALL TRANSCRIPTS See "Education" at Checklist on page 2.
ALL CERTIFICATES (If applicable) See "Other State's Certificate," at Checklist on page 2.

HOW TO APPLY FOR AN EMERGENCY SUBSTITUTE CERTIFICATE IN WASHINGTON

Step 1. 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 below 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 link and roll method using the enclosed fingerprint card following the instructions on the reverse side of this sheet. 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.

Mail completed fingerprint card and money order, cashier's check or personal/business check made payable to the Office of Superintendent of Public Instruction (OSPI) to OSPI, Attention: Fiscal Office, P.O. Box 47200, Olympia, WA 98504-7200 for processing.

Step 2. Application. Submit complete application and application fee, to include all applicable materials in the checklist on page 2 to one of the nine Educational Service Districts (ESDs) shown below. Do not send your application and fee to OSPI. OSPI is not authorized to collect fees. All certification fees are non-refundable.

Table with 4 columns: ESD Number, Address, City/State/Zip, and Phone Number. Rows include ESD 101, 105, 112, 113, Olympic ESD 114, Puget Sound ESD 121, ESD 123, North Central ESD 171, and Northwest ESD 189.

Step 3. Permit. Upon receipt of appropriate materials and fee(s) and upon determination of eligibility, the ESD office can issue the applicant a temporary 180-day permit. With a permit, an applicant can be hired and can teach while awaiting final certification.

Step 4. Certificate. When all requirements have been documented and background checks are successfully completed, the OSPI certification office can issue a 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]. COMPLETE AND ATTACH THIS CHECKLIST AS A COVER SHEET.

The Emergency Substitute Certificate (valid for three school years or less):

- Application** - [Minimum age 18, Must provide education history] Submit Form SPI/CERT 4027A, Application for Washington State Emergency Substitute Certification.
- Fee** - Submit Fee Payment Schedule with payment.
- Fingerprint Check*** - Submit fingerprints to the OSPI Fingerprint Office. [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. [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.
***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.
- Education** - Submit all official transcripts. [Educational background.]
- District Request** - Submit Form SPI/CERT 4027B, District Request for Emergency Substitute Certificate. [Must have a district request which justifies the need for emergency substitute certificate.]

Send all required materials (with the exception of fingerprints) following instructions in Step 2. The fingerprint requirement will always be handled separately.

EXCERPT FROM REGULATION [WAC 180-79A-231(4)]

- (4) Emergency substitute certification.
 - (a) If the district or approved private school has exhausted or reasonably anticipates it will exhaust its list of qualified substitutes who are willing to serve as substitutes, the superintendent of public instruction may issue emergency substitute certificates to persons not fully qualified under subsection (2) of this section for use in a particular school district or approved private school once the list of otherwise qualified substitutes has been exhausted.
 - (b) Such emergency substitute certificates shall be valid for three years or less, as evidenced by the expiration date which is printed on the certificate.

FEE PAYMENT SCHEDULE

All Fees Are Nonrefundable

If more than one application packet is being submitted, only one fee payment schedule needs to be completed.

	APPLICATIONS SUBMITTED	CERT. FEE	AMOUNT
TEACHERS	Residency Teacher Certificate (1 st Issue)	\$35	_____
	5-Yr Renewal of Residency Teacher Certificate	\$25	_____
	2-Yr Renewal of Residency Teacher Certificate	\$10	_____
	Renewal of Initial Teacher Certificate*	\$15	_____
	Continuing Teacher Certificate*	\$70	_____
	Professional Teacher Certificate (or Renewal)	\$25	_____
	Intern Substitute Certificate	\$5	_____
	Additional Endorsement Application [per endorsement]	\$15	_____
EDUCATIONAL STAFF ASSOCIATES	Residency ESA Certificate (psychologist, counselor, social worker) [per role]	\$35	_____
	Initial ESA Certificate (speech-language pathologist or audiologist, Nurse, occupational or physical therapist only) [per role]	\$35	_____
	Conversion to Seven-Year ESA Certificate (speech-language pathologist or audiologist, nurse, occupational or physical therapist) [per role]	\$35	_____
	Continuing ESA Certificate [per role]	\$70	_____
ADMINISTRATIVE	Professional ESA Certificate (or Renewal) [per role]	\$25	_____
	Initial Administrator Certificate (Superintendent only)	\$35	_____
	Residency Principal or Program Administrator Certificate [per role]	\$35	_____
	Continuing Administrator Certificate [per role]	\$70	_____
	Professional Administrator Certificate (or Renewal) [per role]	\$25	_____
REINSTATEMENT	Reinst. Of Lapsed Continuing Certificate [per role]	\$15	_____
	Transitional Certificate [per role]	\$10	_____
TRANSITIONAL SUBSTITUTE	Substitute Certificate (Teacher, Admin., or ESA) [per role]	\$15	_____
	Emergency Substitute Certificate (Teacher, Admin., or ESA) [per role]	\$15	_____
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	_____
			Subtotal \$ _____
OTHER FEES <i>These types of certification may not carry a \$20 processing fee, unless a permit is required.</i>	Separate applications are required for the following:		
	Late fee (expired Initial or Initial Renewal Certificate)	\$100	_____
	Replacement/Name Change on Certificate (per certificate)	\$15	_____
	Emergency Certificate	\$5	_____
	Conditional Certificate	\$10	_____
	Institutional Application Materials (appropriate fee is listed on application)		_____
	First Peoples' Language, Culture and Oral Traditions Certificate	\$25	_____
Additional fee requested by OSPI		_____	
			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.

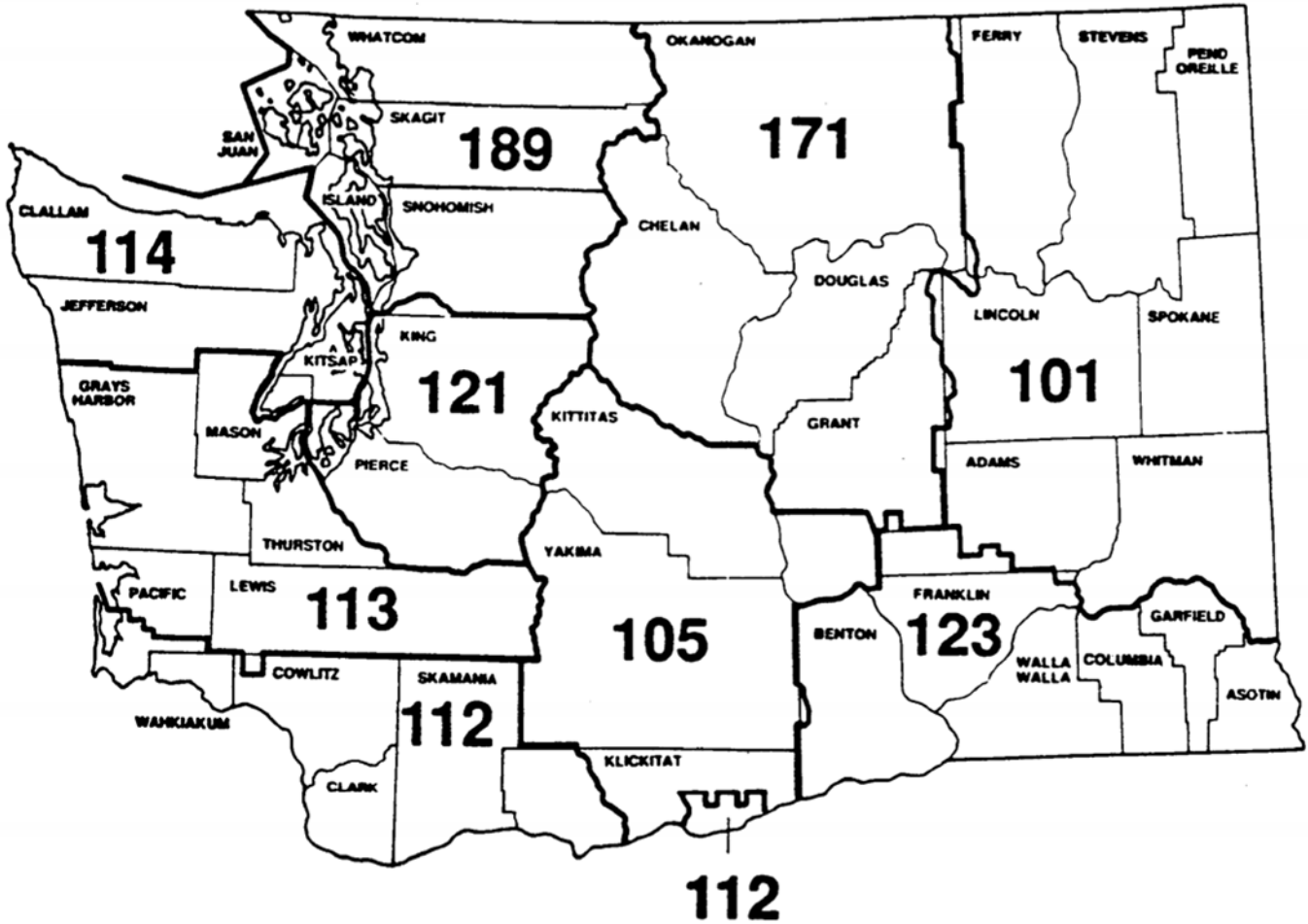
**Only applicable if the applicant already has a Washington teaching certificate.

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

FEES (2/08)

TOTAL SUBMITTED	\$ _____
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**FEES PAYABLE AT ANY
EDUCATIONAL SERVICE DISTRICT OFFICE**



DO NOT send your application or fees to the Office of Superintendent of Public Instruction.

Educational Service District Offices

ESD 101	4202 S. Regal	Spokane, WA 99223-7738	(509) 789-3800
ESD 105	33 S. 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 98057	(425) 917-7600
ESD 123	3918 W. Court St.	Pasco, WA 99301	(509) 547-8441
North Central ESD 171	P.O. Box 1847	Wenatchee, WA 98807-1847	(509) 665-2621
Northwest ESD 189	1601 R Avenue	Anacortes, WA 98221	(360) 299-4000

(4/09)





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

APPLICATION FOR WASHINGTON STATE EMERGENCY SUBSTITUTE CERTIFICATION

Certificate is valid for three years 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 ()				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. 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. 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		Transcript Enclosed
		From	To		Semester	Quarter	

Attach separate page for additional education, if necessary.

For use by Professional Education and Certification Only

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

10. 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.

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 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 Education and 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/cert/>

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 | |
|--------------------------|--------------------------|--|
| <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?
- 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

COLLEGE/UNIVERSITY STUDENTS ONLY

Please also complete the release below:

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 college/university)

SIGNATURE OF APPLICANT

DATE

