
WASHINGTON STATE TEACHER CERTIFICATION REQUIREMENTS

The state of Washington issues the following certificates. Apply for the certificate for which you meet the requirements.

This application is subject to change. Call your local educational service district (ESD) office for another application packet or download materials from our Web site at: <http://www.k12.wa.us/certification> if you've had this packet for longer than six months.

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.

RESIDENCY CERTIFICATE: (For most first-time applicants)

- Must present evidence of good moral character and personal fitness.
- Must have earned a bachelor's degree from a regionally-accredited college or university.
- Must have completed a state-approved college/university teacher education program. Individuals who have never completed such a program may use completion of another state's alternative pathway, full state certification in another state and three years of K-12 teaching experience outside Washington in lieu of the state-approved college/university program.
- Must have completed preparation to teach in one endorsement area (see page 2).
- **Basic Skills Test and Endorsement Test(s).** Within twelve months, applicants for the residency certificate must pass a basic skills test and an assessment of subject knowledge in each qualifying endorsement area. Take the WEST-B (or verify C-BEST or Praxis 1 for basic skills) and the WEST-E in the subject area(s) for which you qualify, and have official score report(s) sent to OSPI Certification. Endorsements for designated world languages may require additional testing. For test information and registration/administration, visit <http://www.k12.wa.us/certification/Teacher/teachertesting.aspx>

SUBSTITUTE CERTIFICATE: (Certificate valid for life)

- Must have completed all of the above requirements, with the exception of testing.

PROFESSIONAL CERTIFICATE: (Certificate valid for five years*)

In addition to the degree and preparation program requirements outlined in residency certificate requirements above:

- Must complete an approved Professional Certificate program at a Washington college/university.
OR
- Teachers holding an Oregon Continuing Teaching License (CTL) issued since January 1999 have completed a procedure considered comparable to Washington's professional certificate program. No other state certification procedures have been identified as comparable by the Professional Educator Standards Board.
OR
- An individual who holds a teaching certificate issued by the National Board for Professional Teaching Standards (NBPTS) shall be deemed to have met the above requirements for completion of a professional certificate program.
- A course or course work in issues of abuse.
Candidates must have successfully completed course work or an inservice program with instruction on issues of abuse as a condition for the issuance of a professional 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.

* If based on NBPTS, the certificate is valid for five years or the validity period of the NBPTS certificate, whichever is greater.

Endorsement Requirements

State-Approved Program. Candidates from out of state must provide verification that they completed a state-approved college/university program (equivalent to a major) in an endorsement area.

Methods Course(s). For endorsements, teachers must have completed related methods coursework in the specific endorsement area(s).

Field Experience/Internship. For endorsements, teachers must have completed a supervised practicum which included teaching in the specific endorsement area(s).

WASHINGTON ENDORSEMENTS

<u>Grade Level</u>	<u>Endorsement</u>
All Levels:	Bilingual
“	Designated Arts:
“	Dance
“	Music: Choral
“	Music: General (neither Choral nor Instrumental)
“	Music: Instrumental
“	Theatre Arts
“	Visual Arts
“	Designated World Language (e.g. Spanish, French, etc.)
“	English Language Learner
“	Health/Fitness
“	Library Media
“	Reading
“	Special Education
Preschool – 3 rd	Early Childhood Education
“	Early Childhood Special Education
Elementary:	Elementary Education
Middle Level:	Middle Level Humanities
	Middle Level Mathematics
	Middle Level Science
Secondary:	Designated Vocational/Career and Technical Areas:
“	Agriculture Education
“	Business and Marketing Education
“	Family and Consumer Sciences Education
“	Technology Education
“	Designated Science:
“	Biology
“	Chemistry
“	Earth and Space Science
“	Physics
“	English Language Arts
“	History
“	Mathematics
“	Science
“	Social Studies

APPLICATION INSTRUCTIONS

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.

WASHINGTON STATE TEACHER CERTIFICATION APPLICATION CHECKLIST

- FORM SPI/CERT 4031A APPLICATION FOR WASHINGTON STATE TEACHER CERTIFICATION
(attach payment for certification fee to this form)
- OFFICIAL TRANSCRIPTS INCLUDE ALL COLLEGE AND UNIVERSITY OFFICIAL TRANSCRIPTS
- FORM SPI/CERT 4020B CHARACTER AND FITNESS SUPPLEMENT
- FORM SPI/CERT 4020C VERIFICATION OF GOOD STANDING FOR CERTIFICATES HELD IN OTHER STATES
- FORM SPI/CERT 4020E INSTITUTIONAL VERIFICATION OF PROGRAM COMPLETION AND CHARACTER
- OUT-OF-STATE TEACHING CERTIFICATES COPIES OF ALL TEACHING CERTIFICATES HELD IN OTHER STATES
- NATIONAL BOARD CERTIFICATE PHOTO COPY OF CERTIFICATE ISSUED BY THE NATIONAL BOARD FOR PROFESSIONAL TEACHING STANDARDS (for professional certificate only)
- FINGERPRINT BACKGROUND CHECK Please indicate the date submitted: _____
- 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 educational service districts (ESDs) below:
- Residency only: \$35 + \$20 (ESD) = \$55 Substitute only: \$15 + \$20 (ESD) = \$35 Professional only: \$25 + \$20 (ESD) = \$45
- Residency & Substitute requested: \$35 + \$15 + \$20 (ESD) = \$70
- Professional & Substitute requested: \$25 + \$15 + \$20 (ESD) = \$60

After 9-30-2011:

- Residency only: \$35 + \$20 (ESD) + \$33 (OSPI) = \$88
- Substitute only: \$15 + \$20 (ESD) + \$33 (OSPI) = \$68
- Residency & Substitute requested: \$35 + \$15 + \$20 (ESD) + \$66 (OSPI) = \$136
- Professional only: \$25 + \$20 (ESD) + \$33 (OSPI) = \$78
- Professional & Substitute requested: \$25 + \$15 + \$20 (ESD) + \$66 (OSPI) = \$126

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



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

APPLICATION FOR WASHINGTON STATE TEACHER CERTIFICATION

Please complete the following questions and sign the affidavit.

Certificate requested: Residency Professional* Substitute

* For those who hold a National Board certificate or an Oregon CTL certificate.
 See attached checklist for appropriate fee amount to submit with your application materials to the local ESD.

1. NAME	LAST	FIRST	MIDDLE	MAIDEN/FORMER NAME
2. ADDRESS				3. DATE OF BIRTH
CITY/STATE/ZIP				4. SOCIAL SECURITY NO. (OPTIONAL)
5. TELEPHONE:				6. E-MAIL
BUSINESS ()		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.
 Complete Form SPI/CERT 4020C if you do not hold a currently valid Washington certificate. 8. YES NO

9. From what regionally accredited college or university did you receive your bachelor's degree?

	Date
--	------

10. From what college/university did you complete your approved teacher preparation program (if different from No. 9 above)?

	Date
--	------

If you are applying for your first residency certificate, you must take and pass the three subtests (Reading, Math, and Writing) of the Washington Educator Skills Test—Basic (WEST-B) or equivalent within twelve months after submitting this application. You must also pass the WEST-E in each endorsement area for which you qualify.

11. Date you have taken or will take the WEST-B or CBEST or Praxis I: 12. Date you have taken or will take the WEST-E:

12. If you are applying for the professional certificate, a course or course work relating to issues of abuse is required. Indicate class title, date, and where (college, university, SD, etc.), requirement was completed.

CLASS TITLE	DATE	WHERE COMPLETED

DO NOT WRITE IN THIS SPACE BELOW

For Professional Education and Certification Use Only

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

A "RUSH" request can be accepted only for regular contracted employment.

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.

14. 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. 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 ADDITIONAL SHEETS IF NECESSARY.

NOTE: YOU MUST INCLUDE OFFICIAL TRANSCRIPTS (ISSUED TO STUDENT). PHOTOCOPIES ARE NOT ACCEPTABLE. DEGREE TRANSCRIPTS AND THOSE WHERE YOU COMPLETED YOUR EDUCATION PREPARATION ARE REQUIRED.

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 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 | |
|--------------------------|--------------------------|--|
| <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. A detailed statement including what occurred, the nature of the offense, charge or warrant.
 - b. The name and address of the arresting agency.
 - c. If a court was involved, the name and address of the court.
 - d. The date of the arrest.
 - e. 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

INSTITUTIONAL VERIFICATION OF PROGRAM COMPLETION AND CHARACTER

ALL SECTIONS must be completed. Send it to the education department of the college/university* 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 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 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%; height: 40px;">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%; height: 40px;">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>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 COLLEGE/UNIVERSITY	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 (Chairperson of Education Department/Certification Officer)		
		SIGNATURE



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 ALTERNATIVE CERTIFICATION PROGRAM/PATHWAY COMPLETION AND CHARACTER

Complete Section A of this form. Send it to the state agency or school district through which you completed your teacher preparation and certification program or pathway. 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:				6. E-MAIL	
BUSINESS ()		HOME ()			

SECTION B

TO BE COMPLETED BY INSTITUTION/AGENCY					
<p>The above named is an applicant for teacher certification in Washington State. Complete information in Section B. To be valid, this form must be signed by the certification officer, the superintendent, or the superintendent's designee at the institution where the applicant completed his/her teacher preparation and certification program or pathway. 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 or pathway? Date of program completion. _____</p>	<p>A. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>				
<p>B. Did the program/pathway include a supervised internship?</p>	<p>B. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>				
<p>C. 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>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%; padding: 5px;">AREA</td> <td style="width: 20%; padding: 5px;">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%; padding: 5px;">AREA</td> <td style="width: 20%; padding: 5px;">GRADE LEVEL(S)</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table>	AREA	GRADE LEVEL(S)		
AREA	GRADE LEVEL(S)				
<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"/> List any reason you know of why this applicant should not be certified in Washington. NO <input type="checkbox"/></p>					

NAME OF INSTITUTION/AGENCY	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 (Certification Officer)		SIGNATURE



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 EXPERIENCE

**USE THIS FORM IF YOU HAVE NOT COMPLETED A STATE-APPROVED
 PREPARATION PROGRAM AT A REGIONALLY-ACCREDITED COLLEGE/UNIVERSITY.**

SECTION I

TO BE COMPLETED BY APPLICANT

Fill out Section I and send it to your employer(s). When this form has been returned to you, include it in your application packet with a notarized copy of your out-of-state certificate.

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 ()

Attach certified copies of these documents. If they are coded, include photocopy of official explanation of code.

Title of Certificates/Licenses	Issuing State or City	Effective Date	Expiration Date	Valid for What Subjects, Areas or Professions

Verification of three years of appropriate service in the respective role (teacher, educational staff associate, administrator) is required. If verifying experience for more than one employer, photocopy this form and send to each employer.

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 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		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 _____ (DATE)	TO _____ (DATE)
SERVICE WAS: <input type="checkbox"/>	PART-TIME	FROM _____ (DATE)	TO _____ (DATE)
SERVICE WAS: <input type="checkbox"/>	SUBSTITUTE	FROM _____ (DATE)	TO _____ (DATE)
ADDRESS		PRINTED NAME	
CITY/STATE/ZIP		TITLE OF PERSON COMPLETING FORM	
SIGNATURE		DATE	TELEPHONE ()

RETURN COMPLETED FORM TO APPLICANT