
RESIDENCY TEACHER REISSUANCE 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.

This application is for use by persons who have been issued a residency teaching certificate that does not yet have a defined expiration date OR for persons who have been issued a residency teaching certificate that has an expiration date and have not been employed since the certificate was issued.

Attention: Total fee amounts due with this application changed 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. All fees are non-refundable.

RESIDENCY TEACHER REISSUANCE:

The residency teacher certificate may be reissued to teachers who:

Meet requirements for enrollment in the ProTeach external online assessment. Individuals meet requirements if they have completed a total of one and one-half full-time equivalent (1.5 FTE) years of experience and are currently serving in any P-12 teaching role.

- Individuals employed in a Washington school district will have the validity calculated based on the experience information submitted by the school district on their annual personnel report (S275 report) to OSPI. Individuals employed in a Washington public school will receive notification from their employer when they must submit a reissuance application. Individuals employed by a Washington school district must have their residency certificate reissued with a defined expiration date once they are eligible for enrollment in ProTeach.
- Individuals employed in nonpublic school settings may participate in completing professional teacher certificate requirements and have their certificate reissued with a defined expiration date. It is up to the individual or their employer to determine if they wish to have their certificate reissued with a defined expiration date.
- When a certificate is reissued, it will be valid for three years.

Individuals must request reissuance of the residency upon meeting the requirements above. Private schools include any agency providing educational services to children which include approved private schools, BIA schools, institutions, non-public agencies providing special education services, etc.

RESIDENCY TEACHER REISSUANCE INSTRUCTIONS

Individuals must:

- Complete Form SPI/CERT 4031R
- Mail completed form with a check for \$33.00 directly to:

**Fiscal Office
Superintendent of Public Instruction
Old Capitol Building
PO Box 47200
Olympia, WA 98504-7200**



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

REISSUANCE OF THE RESIDENCY TEACHER CERTIFICATE

Mail completed form with a check for \$33.00 directly to: Fiscal Office
 Superintendent of Public Instruction
 Old Capitol Building
 PO Box 47200
 Olympia, WA 98504-7200

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
7. Have you ever held a Washington teacher, administrator, or educational staff associate certificate? If yes, what is your certificate number? <input type="text"/>	
7. <input type="checkbox"/> YES <input type="checkbox"/> NO	

By submitting this form I confirm that I have completed a minimum of 1.5 years of full time equivalent (FTE) of experience and am eligible for enrollment in the ProTeach online assessment. Please check the appropriate item below:

- I am employed as a teacher in a Washington school district and have been advised that I now need to reissue my residency certificate. Name of school district _____
- I am employed with a private school, BIA school, institution or non-public agency providing services to children and wish to have my residency certificate reissued. Either I choose to seek reissuance or my employer requests that I have my residency certificate reissued. Name of employer: _____
- I was issued a residency certificate under previous rules that was valid for five years. I have not been employed in a Washington school district since it was issued and the expiration date should be removed. Please confirm with Professional Certification before using this option.

AFFIDAVIT

By completing and submitting this form I understand that I will be issued a residency certificate valid for 3 years. Once I hold a 3 year residency certificate I understand I will need to pursue completion of the requirements to obtain the professional teaching certificate.

I, _____, certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. The intentional misrepresentation of a material fact in this form subjects the holder to revocation of his/her certificate.

Signature _____

Date _____

City/State _____

For use by Professional Certification only:

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