



WASHINGTON STATE TEACHER CERTIFICATION (CONVERSION)

APPLICATION INSTRUCTIONS

(For more information visit our certification website at <http://www.k12.wa.us/certification/>)

This packet is used for conversion of an expired initial teacher certificate. Those who hold an expired initial teacher certificate may apply to convert the certificate to the residency teacher certificate.

CONTENTS: This packet contains the following instructions and forms needed to apply for certification:

- Instructions: Contents; Additional Materials Required; How to Apply for Conversion of an Expired Initial Certificate in Washington; Checklist [& Requirements] for Conversion.
- FEES Fee Payment Schedule
- 4032A Application Form (2 pages)
- 4020B Character & Fitness Supplement (4 pages)
- 4020C Verification of Good Standing (if applicant has had other states' certificate(s))

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

- FINGERPRINTS See Step 1, below. (Not submitted with this application.)
- ALL CERTIFICATES (If applicable) See "National Board Certificate," at Checklist on page 2.

HOW TO APPLY FOR CONVERSION OF AN EXPIRED INITIAL 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 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.

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.

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 NE 65th Ave.	Vancouver, WA 98661-6812	(360) 750-7503
ESD 113	601 McPhee Road SW	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. SW	Renton, WA 98057	(425) 917-7600
ESD 123	3918 West Court	Pasco, WA 99301	(509) 547-8441
North Central ESD 171	P.O. Box 1847	Wenatchee, WA 98801-1847	(509) 665-2621
Northwest ESD 189	1601 R Avenue	Anacortes, WA 98221	(360) 299-4000

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

The Residency Teacher Certificate (First Issue) (valid for five years beyond the time the certificate holder first completes two consecutive years of successful teaching and returns for a third with the same Washington school district or state-approved private school since the issuance of the residency certificate) or Substitute Teacher Certificate (valid for life):

- Application** - Submit Form SPI/CERT 4032A, Application for Conversion of Teacher Certificate. [Minimum age 18, Must provide employment and education history]
- Fee** - Submit Fee Payment Schedule with payment.
- Fingerprint Check*** - Submit fingerprints to the OSPI Fingerprint Office (can be electronic) if you do not hold a valid Washington certificate. [Must have state and national checks of fingerprints.] Note: Fingerprinting is not part of this application. Date fingerprints were submitted: _____ (date)
- Background Questionnaire*** - Submit Form SPI/CERT 4020B, Character and Fitness Supplement if you do not hold a valid Washington certificate. [Must provide background information.]
- Other State's Certificate*** - If applicant holds/has held a certificate in another state, submit Form SPI/CERT 4020C, Verification of Good Standing for Certificates Held in Other States. [Must report previous certification.]

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

The Professional Teacher Certificate (valid for five years):

- All materials required for the Residency certificate plus**
- National Board Certificate** - Submit a copy of your National Board certificate. [If you have a valid certificate issued by the National Board for Professional Teaching Standards].
- Issues of Abuse** - Report this on Form 4032A. [Must have successfully completed course work or an inservice program 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.]

Send all required materials (with the exception of fingerprints) following instructions in Step 2 on page 1. The fingerprint requirement will always be handled separately.

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	_____
ADMINISTRATIVE	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	_____
	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.		\$ 20
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	_____
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.

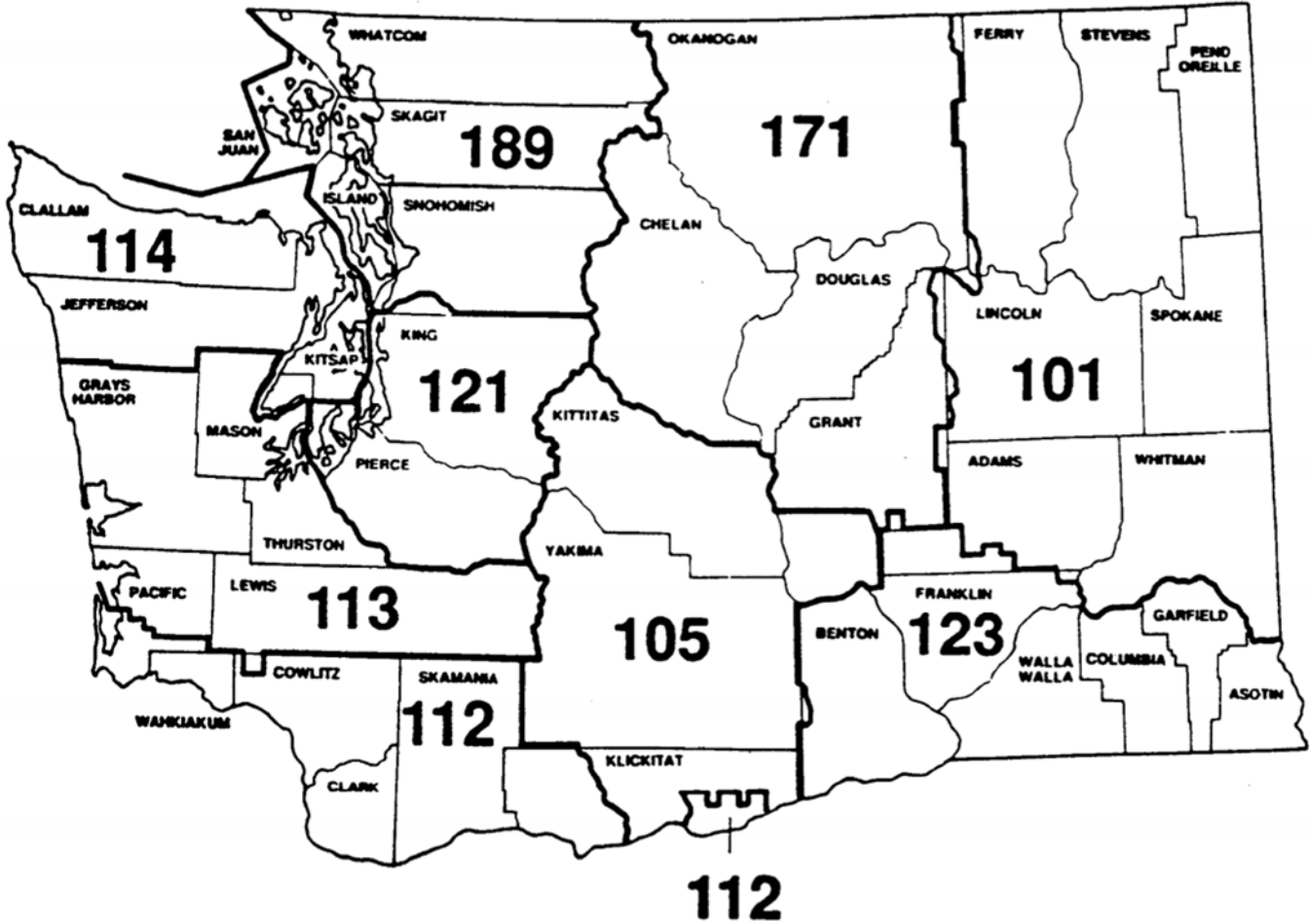
**Only applicable if the applicant already has a Washington teaching certificate.

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 TEACHER CERTIFICATION

Please complete the following questions and sign the affidavit.

Certificate requested: Residency Professional Substitute

See attached schedule 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: 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. 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
--	------

11. 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:
For Washington School District Use Only				
School District Name			Telephone	
Signature of Employing Superintendent/Personnel Director			Date	

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

12. Is your baccalaureate degree major is in elementary education, early childhood education, or special education? If yes, did you complete 30 quarter or 20 semester hours in another academic field?
List field.

12. YES NO

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.

NONEDUCATIONAL EXPERIENCE

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

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

ATTACH ADDITIONAL SHEETS IF NECESSARY.

15. 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 ORIGINAL TRANSCRIPTS (ISSUED TO STUDENT) OF ALL COLLEGE/UNIVERSITY STUDY. PHOTOCOPIES ARE NOT ACCEPTABLE.

AFFIDAVIT

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

Signature

Date

City/State

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

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

- 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



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

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:				6. E-MAIL	
BUSINESS ()		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</p> <p style="text-align: right;">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. Please see page 2 for a list of Washington endorsements.</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: 70%;">AREA</td> <td style="width: 30%;">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: 70%;">AREA</td> <td style="width: 30%;">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

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.

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

Other Endorsement Areas. Endorsements indicated by the college on line C of page 1, in areas not listed below may be granted based on other states' approved college/university programs.

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 Earl	y Childhood Education
“	Early Childhood Special Education
Elementary: Eleme	ntary Education
Middle Level:	Middle Level Humanities
	Middle Level Mathematics
	Middle Level Science
Secondary:	Designated Vocational/Career and Technical Areas:
“	Agriculture Education
“	Business Education
“	Family and Consumer Sciences Education
“	Marketing Education
“	Technology Education
“	Designated Science:
“	Biology
“	Chemistry
“	Earth and Space Science
“	Physics
“	English Language Arts
“	History
“	Mathematics
“	Science
“	Social Studies