



WASHINGTON STATE TRANSITIONAL CERTIFICATE

WAC 180-79A-231(7)

The transitional certificate is issued for a two-year period to someone whose continuing certificate has lapsed. A school district, educational service district (ESD), or approved private school must request the transitional certificate. An individual cannot apply for a transitional certificate without a formal request by a school district, educational service district, or approved private school.

APPLICATION INSTRUCTIONS

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

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

- Instructions: Contents; Additional Materials Required; How to Apply for Transitional Certificate in Washington; Checklist [& Requirements] for Transitional Certificate in Washington; Excerpt from Regulation
- FEES Fee Payment Schedule
- 4033A Application Form
- 4033B District Request for Transitional Certificate
- 4020B Character & Fitness Supplement (3 pages)
- 4020C Verification of Good Standing (if applicant has held other states' certificates)

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 "Other State's Certificate," at Checklist on page 2.

HOW TO APPLY FOR A TRANSITIONAL CERTIFICATE IN WASHINGTON

Step 1. Fingerprints. Washington State law requires that any applicant who does not hold a valid Washington certificate must be fingerprinted for a state and national background check. Submit fingerprints **in person** at an Educational Service District (ESD, see table below) or obtain fingerprint instructions at an ESD or the Office of Superintendent of Public Instruction (OSPI). (See Step 2 or 4 for contact information.) **Do not delay fingerprinting until you are ready to submit your application for certification. You can have fingerprints taken before coming to Washington.** Since fingerprints could delay the application process by eight to ten weeks, we urge you to initiate this process as soon as possible. Fingerprints are submitted separately (and are best submitted several months earlier than the application). Do not wait to receive fingerprint results before submitting your application (Step 2).

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) 750-7500
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 98055	(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 serve 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@ospi.wednet.edu	TTY: (360) 664-3631
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CHECKLIST [& REQUIREMENTS] FOR TRANSITIONAL CERTIFICATE IN WASHINGTON

The Transitional Certificate (valid for two years):

- Application** - [Minimum age 18, Must provide employment and education history] Submit Form SPI/CERT 4033A, Application for Transitional Certificate.
- Fee** - Submit Fee Payment Schedule with check.
- District Request** - [Must be requested by a district or approved private school.] Submit Form SPI/CERT 4033B, District Request for Transitional Certificate.
- Fingerprint Check*** - Submit fingerprints to the OSPI Fingerprint Office 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, and a copy of each out-of-state teaching certificate. [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.

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(7)]

(7) Transitional certification.

- (a) An individual whose continuing certificate has lapsed according to WAC 180-85-040 may be issued a transitional certificate to be employed on a conditional basis upon request by a school district, approved private school, or educational service district superintendent. The holder of the transitional certificate must complete any continuing certificate reinstatement requirements established by the state board of education within two years of the date the holder was issued the transitional certificate in order to continue to be employed. The transitional certificate expiration date shall not be calculated under state board policy WAC 180-79A-117.
- (b) No individual whose continuing certificate has been suspended or revoked shall be eligible to be employed under this section.
- (c) School districts, approved private schools, and educational service districts are strongly encouraged to develop with the holder of a transitional certificate a plan of assistance to be sure the holder completes the necessary continuing certificate of this subsection if the holder is to continue to be employed.
- (d) The transitional certificate is not renewable.

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	CERTIFICATION FEE	AMOUNT	
TEACHERS	Residency Teacher Certificate (1st Issue)	\$ 35	_____	
	Reissued (or 5-Yr Renewal) Residency Certificate	\$ 25	_____	
	2-Yr Renewal of Residency Teacher Certificate	\$ 10	_____	
	Renewal of Initial Teaching Certificate	\$ 15	_____	
	Substitute Teaching Certificate	\$ 15	_____	
	Continuing Teaching Certificate*	\$ 70	_____	
	Professional Teacher Certificate (or Renewal)	\$ 25	_____	
	Emergency Substitute Certificate	\$ 15	_____	
	Transitional Certificate	\$ 10	_____	
	Intern Substitute Certificate	\$ 5	_____	
	Endorsement Program Completion**	\$ 15	_____	
EDUCATIONAL STAFF ASSOCIATES	Initial ESA Certificate (psychologist, counselor, etc.) (per role)	\$ 35	_____	
	Conversion to Seven-Year ESA Certificate (per role) (from previous standards)	\$ 35	_____	
	Continuing ESA Certificate (per role)	\$ 70	_____	
ADMINISTRATIVE	Initial Administrator Certificate (Superintendent only)	\$ 35	_____	
	Residency Principal or Program Administrator Certificate (per role)	\$ 35	_____	
	Continuing Administrator Certificate (per role)	\$ 70	_____	
REINSTATEMENT SUBSTITUTE	Reinst. of Lapsed Continuing Certificate (per role)	\$ 15	_____	
	Substitute Certificate (per role)	\$ 15	_____	
ESD PROCESSING FEE	ESD processing fee includes a review of the collected materials, a preliminary evaluation of the application(s), and the issuing of temporary permits, when appropriate.		<u>\$ 20</u>	
			Subtotal \$ _____	
CAREER & TECHNICAL ED	Career & Technical Ed (CTE) Certificate (requires a separate application)	\$ 1	_____	
			Subtotal \$ _____	
OTHER FEES	<i>Separate applications are required for the following:</i>			
	<i>These types of certification do not carry a \$20 processing fee.</i>	Replacement/Name Change on Certificate (per certificate)	\$ 15	_____
		Emergency Certificate	\$ 5	_____
		Conditional Certificate	\$ 10	_____
		Institutional Application Materials (appropriate fee is listed on application)		_____
		Additional fee requested by OSPi		_____
			Subtotal \$ _____	

**Only applicable for those holding valid Initial or Initial (Renewal) Certificates*

***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).

TOTAL SUBMITTED \$ _____



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/cert/>
 E-Mail: cert@ospi.wednet.edu

APPLICATION FOR WASHINGTON STATE TRANSITIONAL CERTIFICATION

Certificate is valid for two years.

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
7. Have you ever held a Washington teacher, administrator, or educational staff associate certificate? If yes, what was your certificate number?				7. <input type="checkbox"/> YES <input type="checkbox"/> NO
<input style="width: 100%;" type="text"/>				
8. Have you held an educational certificate in another state? If yes, list all such states here and complete Form SPI/CERT 4020C.				8. <input type="checkbox"/> YES <input type="checkbox"/> NO
<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>				
9. How do you plan to meet reinstatement requirements for your lapsed continuing certificate?				
<input style="width: 100%; height: 100%;" type="text"/>				

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 OSP1.

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.

For use by Professional Education and Certification Only

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



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 voidance.)
<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 | |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Have you ever been disciplined by a past or present employer because of allegations of misconduct? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 | |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever been convicted of any felony crime? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 | |
| <input type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the last 10 years, have you ever threatened to damage or destroy property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 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
NAME	TELEPHONE NUMBER ()
MAILING ADDRESS	CITY/STATE/ZIP
NAME	TELEPHONE NUMBER ()
MAILING ADDRESS	CITY/STATE/ZIP

*** 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 180-86, and WAC 180-87, 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 FAX (360) 586-0145
 Web Site: <http://www.k12.wa.us/cert/>
 E-Mail: cert@ospi.wednet.edu

VERIFICATION OF GOOD STANDING FOR CERTIFICATES HELD IN OTHER STATES

INCLUDE THIS FORM IN YOUR APPLICATION PACKET. DO NOT SEND THIS FORM TO THE STATE(S) IN WHICH YOU HAVE BEEN CERTIFIED.

SECTION A Carefully complete information in Section A only, indicating certificate type and number when possible.

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	
STATE	TYPE OF CERTIFICATION			CERTIFICATE NUMBER	

I, _____ certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. I hereby allow the above-mentioned state(s) to release the information concerning my certificate to the Office of Superintendent of Public Instruction.

_____/_____
Signature / Date

CERTIFICATION OFFICE TO PROCESS REMAINDER OF FORM

SECTION B

TO BE COMPLETED BY STATE CERTIFICATION OFFICE	
<p>The individual noted above holds or has held certification in your state. Washington Administrative Code requires that we have a statement from you confirming that none of his/her certificates held in your state have been suspended, surrendered, or revoked. DO NOT RETURN QUESTIONNAIRE TO APPLICANT.</p> <p><input type="checkbox"/> I confirm that the above-named individual has never had a certificate suspended, surrendered, or revoked in this state.</p> <p><input type="checkbox"/> I confirm that the above-named individual has had a certificate suspended, surrendered, or revoked. I have attached explanatory materials which fully disclose the reasons for such action. (Permission to provide this information is granted in the center portion of this form.)</p>	
AGENCY	DATE
ADDRESS	SIGNATURE
	TITLE



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/cert/>
 E-Mail: cert@ospi.wednet.edu

DISTRICT REQUEST FOR TRANSITIONAL CERTIFICATE

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 DISTRICT SUPERINTENDENT OR PERSONNEL DIRECTOR ONLY

IMPORTANT

To be signed by the superintendent of schools, personnel director, or private school administrator.

I understand that persons with a transitional certificate may be employed on a conditional basis for two years while they are completing reinstatement requirements for the continuing certificate which has lapsed, and that this certificate may not be renewed.

I acknowledge that school districts and approved private schools are strongly encouraged to develop with the holder of a transitional certificate a plan of assistance to be sure the holder completes the necessary continuing certificate reinstatement requirements under WAC 180-85-130 within the two-year conditional employment period.

I hereby request that _____ be granted certification for service to be
(applicant's name)

performed in the _____.
(school district/ESD/private school)

NAME OF SCHOOL/ESD/PRIVATE SCHOOL		DATE
ADDRESS	CITY/STATE/ZIP	
TELEPHONE ()	NAME AND TITLE (PRINTED)	
E-MAIL	SIGNATURE	