



WASHINGTON STATE

INITIAL CAREER AND TECHNICAL EDUCATION TEACHER CERTIFICATE

WAC 181-77-031 or WAC 181-77-041

APPLICATION INSTRUCTIONS

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

The career and technical education (CTE) teacher certificate authorizes service as a career and technical education (CTE) teacher in Washington school districts or skills centers.

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

- Instructions: Contents; Additional Materials Required; How to Apply; Checklist [& Requirements] for CTE Teacher Certificate
- 4075A Application Form
- 4020B Character and Fitness Supplement (4 pages)
- 4020C Verification of Good Standing (if applicant has held other states' certificate(s))
- 4075E Institutional Verification of Program Completion and Character
- 4075F1 Verification of Experience in Lieu of Institutional Program
- 4075G Institutional Verification of Business and Industry Route Program Completion and Character
- 4075H Verification of Teaching Experience
- 4075S Verification of Specific Safety
- 4075P District Request for CTE Probationary Certificate

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

- FINGERPRINTS See Step 1, below. (Not submitted with this application.)
- ALL TRANSCRIPTS See "Education" at Checklist on page 2.

HOW TO APPLY FOR INITIAL CTE TEACHER 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) 575-2885
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 OSPI Certification office can issue the applicant a temporary 180-day permit (if appropriate). With a permit, an applicant can be hired and can teach while awaiting final certification.

Step 4. Certificate. When all requirements are documented, the OSPI Certification office can issue a certificate.

Phone: (360) 725-6400	email: cert@ospi.wednet.edu	TTY: (360) 664-3631
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CHECKLIST [& REQUIREMENTS] FOR CTE TEACHER CERTIFICATE IN WASHINGTON

Initial CTE Teacher Certificate (valid for four years):

- Eligibility** - Applicants must be eligible for one of the following two routes:
 1. **College Route.** Applicants for one of the five broad CTE endorsement areas (Agriculture Education, Business Education, Family/Consumer Sciences Education, Marketing Education, Technology Education) must qualify via the college route [degree + teacher preparation program + 1 year (2,000 hours) broad area experience].
 2. **Business and Industry Route.** Applicants for one of the many CTE specialty areas listed at page 4 must qualify via the business and industry route [3 years (6,000 hours) specific specialty area experience + Washington State business and industry route program.]
- Application** - [Minimum age 18, Must provide employment and education history]
Submit Form SPI/CERT 4075A, Application for Initial CTE Teacher Certificate.
- Fee** - Submit Fee Payment of \$1.00.
- Fingerprint Check*** - Submit fingerprints to the Office of Superintendent of Public Instruction (OSPI). [Must have state and national checks of fingerprints.] Note: Fingerprinting is not part of this application. Date fingerprints were submitted: _____ (date)
- Background Questionnaire*** - Submit Form SPI/CERT 4020B, Character and Fitness Supplement. [Must provide background information.]
***Note:** Required only if you do not have a 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.
- 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.]
- Education** - Submit all official transcripts. [Must provide all college and university official transcripts.]
- Program - One of the following:**
 - 1. If applying via the **College Route** - Complete Section A of Form SPI/CERT 4075E, Institutional Verification of Completion and Character. Send the form to the education department of the college/university for completion of Section B. [Must have completed a state-approved teacher preparation program at a regionally accredited college/university in one of the five broad CTE endorsement areas.]
 - 2. If applying via the **Business and Industry Route** - Complete Section A of Form SPI/CERT 4075G, Verification of CTE (Business and Industry Route) Program Completion and Character. Send the form to the Washington business and industry program provider for completion of Section B. [Must have completed a Washington state-approved business and industry CTE program.]
 - 3. If applying via the **Experience in lieu of an Institutional Career and Technical Education Program** - Complete Section A of Form SPI/CERT 4075F-1. Have the out-of-state school district complete Section B.
- Experience - One of the following:**
 - 1. If applying via the **College Route** - Complete page 2 of Form SPI/CERT 4075A. [Must have 2,000 hours of paid occupational experience in the broad CTE endorsement area.]
 - 2. If applying via the **Business and Industry Route** - Complete page 2 of Form SPI/CERT 4075A. [Must have 6,000 hours of paid occupational experience in the CTE specialty.] Use form 4075H if you are using teaching hours.
- Safety** - If applying via the **Business and Industry Route** - Submit Form SPI/CERT 4075S, Verification of Specific Safety. [Must have training and preparation in instructional safety issues related to career and technical education.]

Probationary CTE Teacher Certificate (valid for two years):

- Eligibility** - [Applicants who do not qualify for the Initial CTE Teacher Certificate, but have substantially completed the requirements for the Initial CTE Teacher Certificate (they can complete the remainder within two years) and who are recommended by an employer, may apply for this certificate.]
- All materials required for the Initial CTE Teacher Certificate plus**

Professional Growth Plan - Submit Form SPI/CERT 4075P, District Request. [Must have developed a plan, approved by the local school district CTE program advisory committee to which the candidate is assigned, which provides for: Orientation in the following prior to commencement of the teaching assignment:

- a. Issues related to legal liability.
- b. The responsibilities of professional CTE educators.
- c. The lines of authority in the employing school district and/or building.

Within the first 60 working days procedures must be established in the plan for the CTE instructor candidate to develop competencies in the following:

- d. CTE methods.
- e. General and specific safety.

If the CTE instructor candidate does not have access to the required course work within the first 90 working days, the local school district CTE program advisory committee may authorize the completion of the course work at a later date. The required course work shall be completed prior to the second year of employment.

- f. Procedures and timelines must be developed in the plan for the CTE instructor candidates to meet the requirements for the Initial CTE Teacher Certificate.]

Coordinator of Work-Based Learning Certificate:

Eligibility - [Applicants who hold a valid Initial or Continuing CTE Teacher Certificate may apply for this certificate.]

Coordination Techniques - Submit Institutional Verification of Program Completion (Form 4075E or 4075G) [Must successfully demonstrate competencies in coordination techniques as verified by a State Board of Education approved program.]

Send all required materials following instructions in Step 2 on page 1.

College Route

Initial CTE certificate shall be issued in one of the following broad endorsement areas upon completion of a state-approved teacher preparation program in the area, and 2,000 hours of paid occupational experience in the broad area. If 2,000 hours is not within the last 6 years an additional 300 hours within the last 2 years is required. Washington colleges approved to offer the endorsement areas are listed next to each broad endorsement area.

Endorsement Area	College Approved to Offer the Endorsement Program
Agriculture Education	Washington State University
Business Education	Central Washington University, Eastern Washington University
Family/Consumer Sciences Ed.	Central Washington Univ., Washington State Univ., and Seattle Pacific Univ.
Marketing Education	Central Washington University, Eastern Washington University
Technology Education	Central Washington University

Business and Industry Route

Initial CTE certificates shall be issued in one or more of the specific CTE specialties listed on page 4. Documentation of 6,000 hours of paid occupational experience in each specific specialty is required. If 2,000 hours is not within the last 6 years an additional 300 hours within the last 2 years is required. Candidates shall also complete a Washington State Board of Education approved business and industry route program. Washington approved business and industry route program providers are listed below:

Specialty Area	College Approved to Offer the B&I Program
Business and Industry Route Specialties are listed on page 4.	Bates Technical College (Tacoma, WA) Ph# (253) 680-7161 Central Washington University Ph# (800) 720-4503 Eastern Washington University (Spokane, WA) Ph# (509) 358-2251 South Seattle Community College Ph# (206) 764-5339 Southwest Washington Consortium (Clark County, WA) Ph# (360) 604-1050

The following specialties area certificates are based on completion of the **Business and Industry Route**:

AGRICULTURE AND SCIENCE PATHWAY			
Subcategory Specialty Areas for Agriculture Education			
V010101	Agribusiness	V010603	Floriculture
V010201	Agricultural Mechanics	V011001	Agriculture Food Science
V010300	Agricultural Production	V030101	Natural Resources
V010303	Aquaculture	V410301	Chemical Technology
V010601	Horticulture	V510808	Veterinarian Assistant
BUSINESS AND MARKETING PATHWAY			
Subcategory Specialty Areas for Business Education			
V091001	Publishing	V520404	Medical Administrative Services
V520100	Business Management	V520703	Business Law
V520300	Accounting and Related Programs	V520895	Banking Support Services
V520403	Legal Administrative Services	V521206	Computer Applications & Related Programs
Subcategory Specialty Areas for Marketing Education			
V080102	Fashion Merchandising	V081203	Auto Parts and Accessories Marketing
V080301	Entrepreneurship	V090201	Advertising Service
V080706	General Sales Operations	V520902	Lodging Management
V080907	Sports and Recreation Marketing	V521401	Marketing Management
V081198	Tourism and Travel Services	V510501	Real Estate
WORK-BASED LEARNING		DIVERSIFIED OCCUPATIONS	
V600096	Work-Based Learning (Must also hold a CTE Teaching Certificate)	V600091	Diversified Occupations (Must also be certificated for Work-Based Learning)
HEALTH AND HUMAN SERVICES PATHWAY			
Subcategory Specialty Areas for Health Sciences Careers			
V510700	Health Infomatic Careers	V510800	Health Therapeutic Careers
V510799	Health Support Services Careers	V510900	Health Diagnostic Careers
Subcategory Specialty Areas for Human Services			
V120403	Cosmetology	V190707	Family and Community Services
V120505	Food Production and Services	V190708	Early Childhood Education and Services
V160103	Translation and Interpretation	V190901	Textiles and Apparel
V190403	Consumer Services	V200206	Educational Para Pro
V190504	Food Science Dietetics and Nutrition	V200212	Careers in Education
V190601	Housing, Interiors and Furnishings	V200493	Culinary Arts
V190604	Facilities Management and Maintenance	V310101	Hospitality, Recreation and Tourism
		V510205	Sign Language Interpreter
TECHNOLOGY AND INDUSTRY PATHWAY			
Subcategory Specialty Areas for Technology and Industry			
V081203	Auto Parts and Accessories Marketing	V470302	Heavy Equipment Mechanic
V100100	Communication Technologies	V470396	Processing Machinery Maintenance
V141801	Material Engineering	V470600	Automotive Technology
V150100	Manufacturing Technology	V470603	Auto Body Repair
V430100	Criminal Protective Services	V470608	Aircraft Technician
V430203	Fire Service	V480101	Drafting
V460200	Construction Trades	V480500	Precision Metal Worker
V460302	Electrician	V490100	Aviation Occupations
V460401	Building Maintenance Technician	V490300	Water Transportation/Worker
V470101	Electrical and Electronic Equipment Repair	V500400	Commercial Design/Applied Art
V470110	Computer Technology	V500502	Stage Design Technician
V470201	Refrigeration/Air-Conditioning/Heating		

TO BE COMPLETED BY APPLICANT

Verification of paid occupational experience in the specific career and technical education certificated field is required. Listed employment must be verified by letter from the employer or by tax returns. Self-employment must be verified by submitting a copy of your business license, tax return, or letters from clients. If teaching is used complete the Teaching Experience form (4075H). See item 12 on page 1 for the number of hours that must be documented.

Occupation _____
Dates of Employment _____ Total Number of Paid Hours _____
Duties _____
Employer _____
Address _____ City _____ State _____ Zip Code _____
Telephone Number _____

Occupation _____
Dates of Employment _____ Total Number of Paid Hours _____
Duties _____
Employer _____
Address _____ City _____ State _____ Zip Code _____
Telephone Number _____

Occupation _____
Dates of Employment _____ Total Number of Paid Hours _____
Duties _____
Employer _____
Address _____ City _____ State _____ Zip Code _____
Telephone Number _____

Occupation _____
Dates of Employment _____ Total Number of Paid Hours _____
Duties _____
Employer _____
Address _____ City _____ State _____ Zip Code _____
Telephone Number _____

Total Number of Paid
Hours _____
for All Listed Employers

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 moral character and personal fitness section on the application change prior to my being granted certification, I must immediately notify Career and Technical Education Certification at OSPI.

Signature Date City/State



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Education and Certification
 Office of Professional Practices
 Old Capitol Building, PO BOX 47200
 OLYMPIA WA 98504-7200
 OPP (360) 725-6130 TTY (360) 664-3631
 Web Site: <http://www.k12.wa.us/cert/>

CHARACTER AND FITNESS SUPPLEMENT

Please complete the following questions carefully and completely before providing information and signing the affidavit. **Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification, or in the case of a certificate holder, reprimand, suspension, or revocation of the educational certificate, credential, or license.**

ALL REQUIRED DOCUMENTATION REQUESTED BELOW MUST ACCOMPANY THIS FORM. ALL QUESTIONS MUST BE ANSWERED. IF ADDITIONAL SPACE IS NEEDED, ATTACH ON A SEPARATE SHEET OF PAPER.

SECTION I - PERSONAL INFORMATION (please print or type)				
1. NAME	LAST	FIRST	MIDDLE	2. MAIDEN NAME
3. ADDRESS				4. DATE OF BIRTH
CITY/STATE/ZIP				5. SOCIAL SECURITY NO. (OPTIONAL)
6. TELEPHONE				7. E-MAIL
BUSINESS: ()				HOME: ()
8. Please list all former names you have used and approximate dates of use. (If more than three, list on separate sheet of paper.)				
				Date
				Date
				Date

SECTION II - PROFESSIONAL FITNESS		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Have you ever held or do you currently hold a Washington education certificate?
<input type="checkbox"/>	<input type="checkbox"/>	2. Have you ever held or do you currently hold any education certificate, credential or license authorizing service in the public/private schools in another state, province, territory, or country? If "yes," list the states, provinces, territories, and/or countries:
<input type="checkbox"/>	<input type="checkbox"/>	3. Are you currently or have you ever been the subject of any certificate or licensing investigation or inquiry by any certification or licensing agency for allegations of misconduct? If "yes," on a separate sheet of paper, list the agency, including complete address and telephone number as well as the purpose of the investigation or inquiry.
If you answer "yes" to questions 4 through 11 (Section II), on a separate sheet of paper, give a complete explanation, including duties, circumstances, and supporting documentation.		
<input type="checkbox"/>	<input type="checkbox"/>	4. Have you ever had any adverse action taken on any certificate or license? (Adverse action includes letters of warning, reprimands, suspensions [including stayed], revocations, voluntary surrenders, or 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

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
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
 Web Site: <http://www.k12.wa.us/cert/>
 E-Mail: cert@ospi.wednet.edu

INSTITUTIONAL VERIFICATION OF CAREER AND TECHNICAL EDUCATION PROGRAM COMPLETION AND CHARACTER

Complete Section A of this form. Send it to the education department of the college/university where you completed your career and technical education teacher preparation and certification program. When this form is returned to you. Include with your application packet.

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:				E-MAIL
BUSINESS ()		HOME ()		

SECTION B

TO BE COMPLETED BY COLLEGE/UNIVERSITY	
<p>The above-named is an applicant for career and technical education teacher certification in Washington State. Please complete the information in this section regarding this applicant. To be valid, this form must be signed by the dean of the college or school of education, the certification officer, the chairman of the education department, or the dean's designee at the institution where the applicant completed his/her career and technical education teacher preparation and certification program. A stamped signature must be initialed by the person using the stamp. Verify the information with the school seal. RETURN THIS FORM TO THE APPLICANT.</p>	
<p>A. Has this applicant completed your approved career and technical education teacher training program? A. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Date of program completion. _____</p>	
<p>B. Career and technical education area in which student teaching was completed: _____ (Agriculture Education, Business Education, Marketing Education, Family and Consumer Sciences Education, or Technology Education)</p>	
<p>C. Major area recommended to teach: _____</p>	
<p>D. Has the applicant demonstrated all competencies required for a Work-Based Learning certificate? D. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>E. 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? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p style="margin-left: 150px;">List any reasons you know of why this applicant should not be certified in Washington. _____</p>	
NAME OF COLLEGE/UNIVERSITY	DATE
ADDRESS	
CITY/STATE/ZIP	
TELEPHONE ()	E-MAIL
NAME (PRINTED) AND TITLE (Chairperson of Education Department/Certification Officer)	
<p>By signing this form I attest that the above information is true and accurate to the best of my knowledge.</p>	
SIGNATURE	

RETURN COMPLETED FORM TO THE APPLICANT



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

INSTITUTIONAL VERIFICATION OF CAREER AND TECHNICAL EDUCATION (BUSINESS AND INDUSTRY ROUTE) PROGRAM COMPLETION AND CHARACTER

**USE THIS FORM ONLY FOR CERTIFICATION BASED ON
 BUSINESS AND INDUSTRY EXPERIENCE IN A SUBCATEGORY SPECIALTY AREA.**

Applicants completing this form must also complete Career and Technical Education (CTE) Certificate Verification of Specific Safety (Form SPI/CERT 4075S).

Complete Section A of this form. Send it to the administrator of the program where you completed your Washington State Board of Education approved CTE business and industry route program. When this form is returned to you. Include with your application packet.

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:				E-MAIL
BUSINESS ()		HOME ()		

SECTION B

TO BE COMPLETED BY WASHINGTON STATE APPROVED PROGRAM PROVIDER			
<p>The above-named is an applicant for CTE teacher certification in Washington State. Please complete the information in this section regarding this applicant. To be valid, this form must be signed by the program administrator at the institution where the applicant completed his/her Washington State Board of Education approved CTE business and industry route program and/or Work-Based Learning program. A stamped signature must be initialed by the person using the stamp. Verify the information with the school seal. RETURN THIS FORM TO THE APPLICANT.</p>			
<p>A. Has this applicant completed your Washington State Board of Education approved CTE business and industry route program? Date of program completion. _____</p>	<p>A. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>		
<p>B. Has the applicant demonstrated all competencies required for a Work-Based Learning certificate?</p>	<p>B. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>		
<p>C. 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 reasons you know of why this applicant should not be certified in Washington. _____</p>		
NAME OF WASHINGTON STATE APPROVED PROGRAM PROVIDER		DATE	
ADDRESS		<p>By signing this form I attest that the above information is true and accurate to the best of my knowledge.</p>	
CITY/STATE/ZIP			
TELEPHONE	E-MAIL		
()			
NAME (PRINTED) AND TITLE (Program Administrator)		SIGNATURE	

RETURN COMPLETED FORM TO THE APPLICANT



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

VERIFICATION OF TEACHING EXPERIENCE

USE THIS FORM TO RECORD TEACHING EXPERIENCE IN A SPECIALTY AREA.

SECTION A

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 ()

Verification of up to 4,000 hours of appropriate service in the respective role (teacher) may be used. If verifying experience for more than one employer, photocopy this form and send to each employer.

SECTION B

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 CTE administrator of the school district 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				
FROM	TO		NUMBER OF HOURS OF SERVICE:	
CIP CODE	NUMBER OF TEACHING HOURS	FROM _____ TO _____	CLASSROOM TITLE	
<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	(DATE) (DATE)		
CIP CODE		FROM _____ TO _____		
<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	(DATE) (DATE)		
CIP CODE		FROM _____ TO _____		
<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	(DATE) (DATE)		
CIP CODE		FROM _____ TO _____		
<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	(DATE) (DATE)		
CIP CODE		FROM _____ TO _____		
<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	(DATE) (DATE)		
ADDRESS		PRINTED NAME		
CITY/STATE/ZIP		TITLE OF PERSON COMPLETING FORM		
SIGNATURE		DATE	TELEPHONE ()	

Attach additional pages if necessary.

RETURN COMPLETED FORM TO APPLICANT



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VERIFICATION OF EXPERIENCE IN LIEU OF INSTITUTIONAL VERIFICATION OF A CAREER AND TECHNICAL EDUCATION PROGRAM COMPLETION

**USE THIS FORM ONLY IF YOU HAVE NOT COMPLETED A STATE-APPROVED
 PREPARATION PROGRAM AT A REGIONALLY-ACCREDITED COLLEGE/UNIVERSITY
 AND HAVE THREE YEARS OF OUT-OF-STATE TEACHING EXPERIENCE.**

SECTION A

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) is required. If verifying experience for more than one employer, photocopy this form and send to each employer.

SECTION B

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 or career and technical education director of the school district where the applicant was employed. Stamped signatures MUST be initialed by the individual using the stamp. <u>Please return the completed form directly to the applicant.</u>				
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 _____ TO _____ (DATE) (DATE)		
SERVICE WAS: <input type="checkbox"/>	PART-TIME	FROM _____ TO _____ (DATE) (DATE)		
SERVICE WAS: <input type="checkbox"/>	SUBSTITUTE	FROM _____ TO _____ (DATE) (DATE)		
ADDRESS			PRINTED NAME	
CITY/STATE/ZIP			TITLE OF PERSON COMPLETING FORM	
SIGNATURE			DATE	TELEPHONE ()

RETURN COMPLETED FORM TO APPLICANT

PROBATIONARY CAREER AND TECHNICAL EDUCATION CERTIFICATE

The probationary career and technical education certificate is valid for two years and is renewable one time for two additional years upon recommendation by the employing district IF the individual has completed the procedures outlined for the first year in the professional growth plan and has made additional progress in meeting the requirements for the initial career and technical education teacher certificate.

The candidate for a probationary career and technical education certificate must have substantially completed requirements for the initial career and technical education teacher certificate as set forth in WAC 180-78-031 or 180-77-041.

1. The probationary career and technical education certificate may be issued upon recommendation by the employing school district.
2. The career and technical education instructor candidate shall have developed a professional growth plan in cooperation with the career and technical education administrator. The plan must be approved by the local school district career and technical education program advisory committee to which the candidate is assigned. The plan shall provide for orientation in the following prior to the commencement of the teaching assignment:
 - a. Issues related to legal liability.
 - b. The responsibilities of professional career and technical education educators.
 - c. The lines of authority in the employing school district and/or building.

Within the first 60 working days procedures must be developed in the plan for the career and technical education instructor candidate to develop competencies in the following:

- d. Career and technical education methods.
- e. General and specific safety.

If the career and technical education instructor candidate does not have access to the required course work within the first 90 working days, the local school district career and technical education advisory committee responsible for the program area may authorize the completion of the course work at a later date. The required course work shall be completed prior to the second year of employment.

- f. Procedures and timelines must be developed in the plan for the career and technical education instructor candidate to meet the requirements for the initial career and technical education certificate.

PROBATIONARY CERTIFICATE AS A COORDINATOR FOR WORK-BASED LEARNING

The candidate for probationary certificate as a coordinator of work-based learning must have completed a course in coordination techniques and have either:

1. A valid initial or continuing career and technical education teacher certificate.

OR

2. Completed 500 hours of occupational experience within the past six years and hold a probationary certificate in another career and technical education teaching area.