



# TEACHING CERTIFICATE RESIDENCY (FIRST ISSUE)

## Verification of Eligibility

The persons listed below have completed a program of preparation for the residency teaching certificate or have met requirements for conversion to the residency teaching certificate. The proper check for good moral character and personal fitness of the applicants has been made. IT WAS NOT POSSIBLE TO OBTAIN A DEAN/DIRECTOR'S AFFIDAVIT FOR THESE INDIVIDUALS. If the individual holds or has held certification in another state, form 4020C for each applicant is kept on file at the institution/organization.

The undersigned attests that the documentation required by the Professional Certification office is on file. Also, the undersigned certifies under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct:

Institution/organization: \_\_\_\_\_ Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Organization Program Director/Dean/Director of Education/Certification Officer or Designee

### List Names in Alphabetical Order

Complete Legal Name – Last, First Middle and Address	Birthdate	Washington Certificate Number	WSP/FBI Clearance Received*	Applied after 9/30/11 Y/N	Area	Endorsements**	Type	OSPI Use Only

\*Not required if candidate holds any type of valid Washington certificate.

\*\*Endorsements must indicate type (from WAC 180-82A: N = New; from WAC 180-82: P = Primary; S = Supporting; from WAC 181-79A: C = Carryover from standards in effect on 8/31/00)