



TEACHING CERTIFICATE RESIDENCY (5 YEAR)

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 and have completed provisional status employment (first two years) with a Washington public school or approved private school. 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 other states, form 4020C for each applicant is kept on file at the college/university.

The undersigned attests that the documentation required by the Professional Education and 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: _____ Telephone Number: _____

Signature: _____ Date: _____

Dean/Director of Education/Certification Officer or Designee

List Names in Alphabetical Order

Complete Legal Name - Last, First, Middle	Birthdate	Washington Certificate Number	Date Prov. Status Compl.	WSP/FBI Clearance Received*	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 180-79A: C = Carryover from standards in effect on 8/31/00)