



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 OUT-OF-STATE EXPERIENCE

SECTION I

TO BE COMPLETED BY APPLICANT

1. NAME LAST FIRST MIDDLE	MAIDEN/FORMER NAME
2. ADDRESS CITY/STATE/ZIP	3. DATE OF BIRTH
5. TELEPHONE BUSINESS () HOME () E-MAIL	4. SOCIAL SECURITY NO. (OPTIONAL)
	WA CERT. NO.

If you are a candidate for Professional certification, you may verify out-of-state experience on this form. Applicants will need to meet the experience requirement listed below for enrollment in the advanced track:

Verification of 5 years of appropriate service in the respective role (teacher, educational staff associate, administrator) in another state outside Washington.

Substitute service in the role can be used. If verifying experience for more than one employer, photocopy this form and send to each employer.

SECTION II

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 of the school district, private school, or administrator at the college/university where the applicant was employed. Stamped signatures **MUST** be initialed by the individual using the stamp. Please return this completed form directly to the applicant.

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

APPLICANT: INCLUDE THIS COMPLETED FORM WITH YOUR OTHER APPLICATION FORMS. RETURN ALL APPLICATION FORMS TO THE COLLEGE/UNIVERSITY WHERE YOU ARE ENROLLING IN A PROFESSIONAL CERTIFICATE PROGRAM.