



FOR INDIVIDUALS WHOSE CERTIFICATES HAVE NOT YET EXPIRED AT THE TIME OF APPLICATION

**TEACHING CERTIFICATE
INITIAL RENEWAL
Verification of Eligibility**

The persons listed below have completed requirements for renewal of their initial teaching certificate in compliance with State Board of Education standards for this certificate.

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	15 Q.H. Since Issuance of Initial or Completion of All Coursework for Continuing	Area	Endorsements** Type	OSPI Use Only

* Endorsements must indicate type (P = Primary; S = Supporting; C = Carryover from standards in effect on 8/31/00)