



# TEACHING CERTIFICATE SUBSTITUTE

## Verification of Eligibility

The persons listed below have completed a program of preparation for the residency teacher certificate. The proper check for good moral character and personal fitness of the applicants has been made. THE DEAN/DIRECTOR'S AFFIDAVIT IS ON FILE AND THESE APPLICANTS HAVE NEVER HELD CERTIFICATION IN ANY OTHER STATE OR THE APPLICANT HELD A VALID WASHINGTON CERTIFICATE AT THE TIME OF APPLICATION FOR THIS CERTIFICATE. If an individual has held certification in another state, form 4020C 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	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 (P = Primary; S = Supporting; C = Carryover from standards in effect on 8/31/00)  
(Although the substitute certificate will not be issued with an endorsement, please indicate what endorsement(s) would be issued with residency certificate.)