



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION

Professional Certification
Office of Professional Practices
OLYMPIA WA 98504-7200
OPP: 360-725-6130 TTY: 360-664-3631
Website: www.k12.wa.us/certification
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CHARACTER AND FITNESS SUPPLEMENT

Please complete the following questions carefully and completely before providing information and signing the affidavit. **Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification, or in the case of a certificate holder, reprimand, suspension, or revocation of the educational certificate, credential, or license.**

ALL REQUIRED DOCUMENTATION REQUESTED BELOW MUST ACCOMPANY THIS FORM. ALL QUESTIONS MUST BE ANSWERED. IF ADDITIONAL SPACE IS NEEDED, ATTACH ON A SEPARATE SHEET OF PAPER.

SECTION I – PERSONAL INFORMATION

1. NAME: LAST, FIRST, MIDDLE:
2. MAIDEN NAME:
3. ADDRESS (INCLUDE CITY, STATE, ZIP):
4. DATE OF BIRTH:
5. SOCIAL SECURITY NUMBER (OPTIONAL):
6. TELEPHONE BUSINESS:
TELEPHONE HOME:
7. E-MAIL:
8. Please list all former names you have used and approximate dates of use. (If more than three, list on separate sheet of paper.)

SECTION II – PROFESSIONAL FITNESS (Answer Yes or No to the following questions)

1. Have you ever held or do you currently hold a Washington education certificate?
2. Have you ever held or do you currently hold any education certificate, credential, or license authorizing service in the public/private schools in another state, province, territory, or country? If “yes,” list the states, provinces, territories, and/or countries:
3. Are you currently or have you ever been the subject of any certificate or licensing investigation or inquiry by any certification or licensing agency for allegations of misconduct? If “yes,” on a separate sheet of paper, list the agency, including complete address and telephone number as well as the purpose of the investigation or inquiry.

If you answer “yes” to questions 4 through 11 (Section II), on a separate sheet of paper, give a complete explanation, including duties, circumstances, and supporting documentation.

4. Have you ever had any adverse action taken on any certificate or license? (Adverse action includes letters of warning, reprimands, suspensions [including stayed], revocations, voluntary surrenders, or voidance.

5. Have you ever been denied, or otherwise rejected for cause, an education certificate, credential, or license?
6. Have you ever withdrawn an application for any education certificate, credential, or license?
7. Have you ever practiced in any educational position in a public school for which you did not hold the appropriate valid educational certificate, credential, or license for that position?
8. Have you ever been dismissed, discharged, or fired from any employment position involving children or dependent adults? (Do not include RIFs)
9. Have you ever resigned from or otherwise left any employment (e.g., settlement agreement) while allegations of misconduct were pending?
10. Have you ever been disciplined by a past or present employer because of allegations of misconduct?
11. Are you currently or have you ever been the subject of any investigation or inquiry by an employer because of allegations of misconduct?

SECTION III – CRIMINAL HISTORY

If you answer “yes” to any of the questions 1-5 (Section III), please provide the following:

- A. On a separate sheet of paper state the following:
 - a. A detailed statement including what occurred, the nature of the offense, charge or warrant.
 - b. The name and address of the arresting agency.
 - c. If a court was involved, the name and address of the court.
 - d. The date of the arrest.
 - e. The final disposition, if any.
- B. If a court was involved, provide a copy of the court docket (can be obtained at the court in which the charge[s] were filed).
- C. Provide a copy of the complete arresting officer’s report.
- D. If a court was involved, provide the sentence and judgment (can be obtained at the court in which the charge[s] were filed).
- E. If the arrest was driving related, provide a copy of a current and complete 5-year driving abstract.

NOTE: For questions 1, 2, 3, DO NOT include minor in possession (MIP)/minor in consumption (MIC) occurring more than 2 years ago or driving under influence (DUI) occurring more than 5 years ago.

1. In the last 10 years, have you ever been arrested for any crime or violation of the law? (Do NOT include Minor in Possession [MIP]/Minor in Consumption [MIC] occurring more than 2 years ago or Driving Under Influence [DUI/DWI] occurring more than 5 years ago.) (Note: For “yes” responses to 1, 2, 3, even if your case was dismissed or your record was sealed you must answer this question in the affirmative.) You need not list traffic violations for which a fine or forfeiture of less than \$300 was imposed.
2. In the last 10 years, have you ever been fingerprinted as a result of any arrest for any crime or violation of the law?

3. In the last 10 years, have you ever been convicted of any crime or violation of any law? (Note: For the purpose of this question “convicted” includes [1] all instances in which a plea of guilty or nolo contendere is the basis of conviction, [2] all proceedings in which a sentence has been suspended or deferred, [3] or bail forfeiture.) You need not list traffic violations or fines for which a fine or forfeiture of less than \$300 was imposed.
4. Have you ever been convicted of any felony crime?
5. Do you currently have any outstanding criminal charges or warrants of arrest pending against you? This would include Washington State, any other state, province, territory, and/or country.
6. Have you ever been or are you presently under investigation in any jurisdiction for possible criminal charges? If your answer is “yes,” identify agency and location (street address, city, state) and the circumstances or details relating to the investigation on a separate piece of paper.

SECTION IV – FITNESS

1. Have you ever exhibited any behavior or conduct which might negatively impact your ability to serve in a role which requires a certificate, credential, or license?
2. In the past 10 years, have you ever engage in any conduct which resulted in the damage or destruction of property? (For purposes of questions 2 and 3, property includes both real and personal property owned by you or another. Do not list damages done as the result of any automobile accident.)
3. In the last 10 years, have you ever threatened to damage or destroy property?
4. Have you ever engaged in any conduct which resulted in the physical injury or harm of any person(s)? (Do not list injury or harm caused as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.)
5. Have you ever threatened to do physical injury or harm to any person(s)? (Do not list threats issued as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.)
6. Do you have a medical condition which in any way impairs or limits your ability to serve in a certificated role with reasonable skill and safety?
7. If you use chemical substance(s), does this use in any way impair or limit your ability to serve in a certificated role with reasonable skill and safety?

If you disclosed a “yes” answer to questions 6 or 7 above, are the limitations or impairments caused by your medical condition(s) or substance abuse reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? Please explain on a separate sheet of paper and provide the name, address, and telephone number of the program.

8. Do you currently use illegal drugs?

9. Have you used illegal drugs in the last year?

If you disclosed a “yes” answer to question 9 above, have you successfully completed or are you participating in a supervised rehabilitation program? Please explain on a separate sheet of paper and provide the name, address, and telephone number of the program.

If you answer “yes” to questions 10 or 11, attach copies of any court orders entered in the proceeding.

10. Have you ever been found in any dependency or domestic relation matter to have sexually assaulted or exploited any minor?

11. Have you ever been found in any dependency or domestic relation matter to have physically abused any person?

If you answer “yes” to questions 12 or 13, and a repayment agreement has been established, attach copies of the repayment agreement from the appropriate agency.

12. Are you currently in default status on any educational loan or scholarship? (Do not include loans that are currently in a compliant deferment status.)

13. Are you currently in non-compliance with a support order?

SECTION V – CHARACTER REFERENCES

List three individuals, not related to you, who will serve as character references.

Name:

Telephone Number

Mailing Address:

City/State/Zip:

Email Address (Optional)

Name:

Telephone Number

Mailing Address:

City/State/Zip:

Email Address (Optional)

Name:

Telephone Number

Mailing Address:

City/State/Zip:

Email Address (Optional)

*** ATTENTION ***

Please complete the appropriate sections on the next page (Page | 6)

ALL APPLICANTS MUST COMPLETE THE AFFIDAVIT

AFFIDAVIT

I, _____ certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing and all information included in the application is true and correct.

If the information provided or answer(s) to any question on the application or character and fitness supplement changes prior to my being granted certification, I must immediately notify the Office of Professional Practices any my college/university if I am a college/university candidate.

I understand I must answer this application truthfully and completely. Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification, or in case of a certificate holder, reprimand, suspension, or revocation of the educational certificate, credential, or license.

SIGNATURE

DATE

CITY/STATE

COLLEGE/UNIVERSITY STUDENTS ONLY

Please also complete the release below:

AFFIDAVIT

I hereby authorize _____ to release, orally or in writing as may be requested, all

(Name of college/university)

student records and other personally identifiable information to the Office of Superintendent of Public

Instruction for the purpose of investigating and determining my eligibility for Washington State certification

pursuant to RCW 28A.410, WAC 181-86, and WAC 181-87, as now or hereafter amended

SIGNATURE

DATE