



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION  
 Professional Certification  
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## PREREQUISITE EXPERIENCE FOR A PRINCIPAL'S CERTIFICATE

**INSTRUCTIONS TO THE APPLICANT:** Candidates applying for residency principal's certificate must, as a condition for the issuance of such certificate, document three years of successful school-based experience in an instructional role with students. Note that building and central office administrative experience does not meet the instructional experience requirement.

### SECTION I TO BE COMPLETED BY ALL APPLICANTS FOR RESIDENCY PRINCIPAL CERTIFICATE:

|                         |      |                     |        |                                   |
|-------------------------|------|---------------------|--------|-----------------------------------|
| 1. NAME                 | LAST | FIRST               | MIDDLE | MAIDEN/FORMER NAME                |
| 2. ADDRESS              |      |                     |        | 3. DATE OF BIRTH                  |
| CITY/STATE/ZIP          |      |                     |        | 4. SOCIAL SECURITY NO. (OPTIONAL) |
| 5. TELEPHONE:           |      |                     |        | 6. E-MAIL                         |
| BUSINESS (            ) |      | HOME (            ) |        |                                   |

Based on personnel records, this statement **MUST** be prepared and signed by the superintendent or the personnel director of the school district or private school. Stamped signatures **MUST** be initialed by the individual using the stamp. Please return the completed form directly to the applicant.

### SECTION II

| TO BE COMPLETED BY EMPLOYER, OR HIS/HER DESIGNEE, WHERE APPLICANT WAS EMPLOYED IN AN INSTRUCTIONAL SETTING |              |                             |
|--|--------------|-----------------------------|
| SCHOOL DISTRICT  | FROM         | TO                          |
| ADDRESS  | PRINTED NAME |                             |
| CITY/STATE/ZIP   | TITLE        |                             |
| SIGNATURE  | DATE         | TELEPHONE<br>(            ) |

**RETURN COMPLETED FORM TO APPLICANT**