



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION  
 Professional 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/certification/>  
 E-Mail: [cert@k12.wa.us](mailto:cert@k12.wa.us)

## VERIFICATION OF ALTERNATIVE CERTIFICATION PROGRAM/PATHWAY COMPLETION AND CHARACTER

Complete Section A of this form. Send it to the state agency or school district through which you completed your teacher preparation and certification program or pathway. This form, when returned to you, is to be included with your application packet.

\*If you were trained outside the U.S. and Canada, use Form SPI 4030 instead of this form.

### SECTION A

TO BE COMPLETED BY APPLICANT					
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 (            )		

### SECTION B

TO BE COMPLETED BY INSTITUTION/AGENCY					
<p>The above named is an applicant for teacher certification in Washington State. Complete information in Section B. To be valid, this form must be signed by the certification officer, the superintendent, or the superintendent's designee at the institution where the applicant completed his/her teacher preparation and certification program or pathway. A stamped signature must be initialed by the person using the stamp. RETURN THIS FORM TO THE APPLICANT.</p>					
<p>A. Has this applicant completed your state-approved teacher education program or pathway?          Date of program completion. _____</p>	<p>A. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>				
<p>B. Did the program/pathway include a supervised internship?</p>	<p>B. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>				
<p>C. Was he/she eligible for certification in your state at the completion of the teacher preparation program?          If no, what were the deficiencies? _____</p>	<p>C. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>				
<p>For D &amp; E, please note: In order to qualify for an endorsement area, the applicant must have completed an approved program in that area. Each endorsement program must include coursework in methodology for that content area and completion of a supervised, classroom-based field experience/internship that includes instruction in that content area.</p>					
<p>D. Area in which applicant is recommended for certification. Please indicate area and grade level(s).</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">AREA</td> <td style="width: 20%;">GRADE LEVEL(S)</td> </tr> <tr> <td style="height: 40px;"> </td> <td> </td> </tr> </table>	AREA	GRADE LEVEL(S)		
AREA	GRADE LEVEL(S)				
<p>E. Other approved content area/endorsement programs that applicant has completed:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">AREA</td> <td style="width: 20%;">GRADE LEVEL(S)</td> </tr> <tr> <td style="height: 40px;"> </td> <td> </td> </tr> </table>	AREA	GRADE LEVEL(S)		
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<p>F. Do you have knowledge that the applicant has been arrested, charged, or convicted of any crime or has a history of any serious behavioral problems?</p> <p>YES <input type="checkbox"/> List any reason you know of why this applicant should not be certified in Washington.          NO <input type="checkbox"/></p>					

NAME OF INSTITUTION/AGENCY	DATE	<p>By signing this form I attest that the above information is true and accurate to the best of my knowledge.</p>
ADDRESS		
CITY/STATE/ZIP		
TELEPHONE (            )	E-MAIL	
NAME (PRINTED) AND TITLE (Certification Officer)		