



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Certification
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 (360) 725-6400 TTY (360) 664-3631
 Web Site: <http://www.k12.wa.us/certification>
 E-Mail: cert@k12.wa.us

**INSTITUTIONAL VERIFICATION OF
 CAREER AND TECHNICAL EDUCATION
 (BUSINESS AND INDUSTRY ROUTE)
 PROGRAM COMPLETION AND CHARACTER**

**USE THIS FORM ONLY FOR CERTIFICATION BASED ON
 BUSINESS AND INDUSTRY EXPERIENCE IN A SUBCATEGORY SPECIALTY AREA.**

Applicants completing this form must also complete Career and Technical Education (CTE) Certificate Verification of Specific Safety (Form SPI/CERT 4075S).

Complete Section A of this form. Send it to the administrator of the program where you completed your Washington state-approved CTE business and industry route program. When this form is returned to you. Include with your application packet.

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: BUSINESS ()				E-MAIL
				HOME ()

SECTION B

TO BE COMPLETED BY WASHINGTON STATE APPROVED PROGRAM PROVIDER

The above-named is an applicant for CTE teacher certification in Washington state. Please complete the information in this section regarding this applicant. To be valid, this form must be signed by the program administrator at the institution where the applicant completed his/her Washington state Professional Educator Standards Board approved CTE business and industry route program and/or worksite learning. A stamped signature must be initialed by the person using the stamp. Verify the information with the school seal. RETURN THIS FORM TO THE APPLICANT.

- A. Has this applicant completed your Washington state Professional Educator Standards Board approved CTE business and industry route program? A. YES NO
 Date of program completion. _____
- B. Has the applicant completed a course in Work site learning coordination techniques **OR** has successfully demonstrated all competencies related to coordination techniques as verified by the professional educator standards board approved program (WAC 181-77-068)? B. YES NO
- C. 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? YES List any reasons you know of why this applicant should not be certified in Washington. _____
 NO

NAME OF WASHINGTON STATE APPROVED PROGRAM PROVIDER		DATE	By signing this form I attest that the above information is true and accurate to the best of my knowledge.
ADDRESS			
CITY/STATE/ZIP			
TELEPHONE ()	E-MAIL		
NAME (PRINTED) AND TITLE (Program Administrator)			SIGNATURE

RETURN COMPLETED FORM TO THE APPLICANT