



INSTITUTIONAL/ORGANIZATIONAL APPLICATION FOR AN ADMINISTRATOR'S CERTIFICATE

Type of administrative certificate requested:

- Principal
 Program Administrator
 Superintendent

Type of certificate requested:

- Residency \$35 + \$33 (OSPI) = \$68 - Principal and Program Administrator only
 Residency Renewal \$10 + \$33 (OSPI) = \$43
 Initial \$35 + \$33 (OSPI) = \$68 - Superintendent only
 Professional \$25 + \$33 (OSPI) = \$58 - Principal and Program Administrator only
 Continuing Superintendent \$70 + \$33 (OSPI) = \$103

SECTION I - GENERAL INFORMATION

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

6. Do you hold a Washington certificate? Yes No

Certificate number _____

If you are using this certificate as the prerequisite certificate to the administrator's certificate, you must attach a copy to your application.

7. If you are applying for the continuing or professional certificate, a course or course work relating to issues of abuse is required. Indicate class title, date, and where (college, university, SD, etc.) requirement was completed.

CLASS TITLE	DATE	WHERE COMPLETED

SECTION II - EXPERIENCE

8. Professional experience in education. List employer(s):

Grades	Dates of Employment		Employer	Complete Address
	From	To		

SECTION III - EDUCATION

9. List the name of every community college, undergraduate, and graduate institution you have attended.

Institution	Location City/State	Dates Attended		Degree Granted	Post BA Credits Earned	
		From	To		Semester	Quarter

SECTION IV - AFFIDAVIT

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

DATE AND PLACE
SIGNATURE

Return application forms to the institution/organization where you are completing your administrative program.