



PACIFIC
LUTHERAN
UNIVERSITY

School of Education
Tacoma, WA 98447-0003

253-535-7272 PHONE
253-535-7184 FAX
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www.plu.edu/~educ WEBSITE

*Educating for Lives of
Thoughtful Inquiry, Service,
Leadership and Care*

Application for a Pathway 2 Endorsement

1. Complete the **application** for an add-on endorsement (attached) and include a non-refundable processing fee **for \$40**, made out to PLU.
2. Complete OSPI state endorsements forms **4422** and **1535** (attached).
3. Sign up and complete the relevant **West-E** assessment. The West-E does not need to be passed to begin the endorsement process. To begin preparing for the West-E assessment, we recommend reviewing:
 - a. The relevant Washington state [endorsement competency](#) outline
 - b. Test [summary and framework](#) & free practice tests (scroll to the appropriate test at the bottom of the hyperlinked webpage)
4. Include copies of unofficial transcripts
5. Submit a copy of your valid Washington state Teaching Certificate
6. Mail completed application and all materials to : Pacific Lutheran University/Attn: Partnerships & Professional Development/12180 Park Ave. S/ Tacoma, WA 98447-0003

Items to be included and mailed to PLU:

- Endorsement Application
- \$40 processing check made out to PLU
- Completed OSPI forms 4422 and 1535 (To be completed by the District Office)
- If available, copies of the completed West-E examine (not required upon application)
- Unofficial Transcripts
- Washington Teaching Certificate

Once all items have been received, you will be registered for 5 credits and assigned to a university supervisor via email for next steps. A bill for \$1,250 will be generated upon receiving application materials. For questions, call 253.535.8790 or email profdev@plu.edu.

Add-On Endorsement Application

Last Name - -	First Name <input type="checkbox"/> Male <input type="checkbox"/> Female	MI	Maiden
Social Security Number (required)	Gender	Semester/Term (Fall/Spring)	Today's Date
PERMANENT MAILING ADDRESS			
Street/P.O. Box	Date of Birth	Home Phone	
City	State	Zip <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone
Email	WA Certificate Number	Have you taken classes at PLU?	If yes, when?

RELIGIOUS PREFERENCE (OPTIONAL)

- | | | | |
|------------------------------------|---|---|----------------------------------|
| <input type="checkbox"/> Lutheran | <input type="checkbox"/> Home congregation | <input type="checkbox"/> Presbyterian | <input type="checkbox"/> Baptist |
| <input type="checkbox"/> Episcopal | <input type="checkbox"/> Methodist | <input type="checkbox"/> Non-Denominational Christian | <input type="checkbox"/> Other |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Roman Catholic | | |
| <input type="checkbox"/> None | <input type="checkbox"/> Choose not to report | | |

ETHNIC ORIGIN (OPTIONAL)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> American Indian/Native American | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Black (non-Latino or Hispanic) | <input type="checkbox"/> White (non-Latino or Hispanic) |
| <input type="checkbox"/> Latino or Hispanic | <input type="checkbox"/> Multi-Racial | <input type="checkbox"/> Non-Resident Alien | <input type="checkbox"/> Choose not to report |

CRN #	Course Identifier	Course Title	Semester Hrs	Cost
	EDUC 905	Pedagogy Assessment	5	\$1250
		ENTER TOTAL		\$1250

The student understands that the tuition and fees for the semester are due and payable in full at the time of the student's registration unless the student has arranged a payment plan that has been approved by the University. Student further agrees to pay all other charges which student incurs while attending the University. Failure to pay when due all University bills shall release the University of any obligation to continue to provide the applicable education benefits and services, including, but not limited to, grade reports, transcripts of records, diplomas, registration or statements of honorable dismissal. The student shall also be denied admittance to classes and the use of university facilities in the event of default or if you are not registered. Accounts 60 days delinquent may be turned over to a third-party collection agency. Any additional collections costs and/or attorney fees may be added to the account. This agreement shall be construed and governed by the laws of the State of Washington.

Registration Policy: Notification of Withdrawal from a general continuing education course must occur in writing via email to profdev@plu.edu before the halfway point of the course. There will not be a late registration change fee applied but tuition and fees are non-refundable. Withdrawal from a general continuing education course after the halfway point of the course will be charged a \$50.00 late registration change fee per transaction. Tuition and fees are non-refundable and a W grade will apply.

By checking this box I understand and agree to the above terms.

NOTE: If you have previously attended PLU and have any type of Hold on your account, you will not be allowed to register until the Hold has been resolved.



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Certification
 Old Capitol Building, PO BOX 47200
 OLYMPIA WA 98504-7200
 (360) 725-6400 TTY (360) 684-3631
 Web Site: <http://www.k12.wa.us/certification/>
 E-Mail: cert@k12.wa.us

**PATHWAY 2 PEDAGOGY ASSESSMENT/
 DISTRICT SUPPORT VERIFICATION**

Use this form to verify support for an individual seeking a pathway 2 endorsement, by providing an opportunity and setting for a pedagogy assessment in the desired endorsement area.

SECTION A

TO BE COMPLETED BY CANDIDATE				
1. NAME	LAST	FIRST	MIDDLE	MAIDEN/FORMER NAME
2. ADDRESS				3. DATE OF BIRTH
4. CITY/STATE/ZIP				5. SOCIAL SECURITY NO (OPTIONAL)
6. TELEPHONE Business () Home ()		7. WA CERTIFICATE NO.		8. E-MAIL ADDRESS
9. ENDORSEMENTS ALREADY HELD				10. DESIRED ENDORSEMENT
11. CERTIFICATE NUMBER				

SECTION B

TO BE COMPLETED BY SUPERINTENDENT OR PERSONNEL DIRECTOR ONLY	
Statement Supporting the Teacher's Pedagogy Assessment in the Desired Endorsement Area	
_____ commit to providing a setting in which (Name of school district, approved private school, or state agency providing educational services)	
_____ may conduct the assessment for _____ (institution/organization) (Teacher's name)	
to add the following endorsement(s): _____ (Desired endorsement)	
NAME OF SCHOOL DISTRICT/ESD/PRIVATE SCHOOL	DATE
ADDRESS	
CITY/STATE/ZIP	
TELEPHONE ()	NAME (PRINTED)
SIGNATURE AND TITLE	

**INSTITUTIONAL/ORGANIZATIONAL APPLICATION FOR AN
ADDITIONAL ENDORSEMENT TO A WASHINGTON TEACHING
CERTIFICATE
THROUGH COMPLETION OF AN APPROVED PROGRAM**

SECTION A

TO BE COMPLETED BY APPLICANT			
1. NAME	LAST	FIRST	MIDDLE
2. ADDRESS			
CITY/STATE/ZIP			
5. TELEPHONE: BUSINESS () HOME ()			
7. If you are unable to attach your original certificate to this application because it is lost or no longer in your possession, please check here.			<input type="checkbox"/>
MAIDEN/FORMER NAME			
3. DATE OF BIRTH			
4. SOCIAL SECURITY NO. (OPTIONAL)			
6. E-MAIL			
8. CERTIFICATE NUMBER			

ENDORSEMENT(S) REQUESTED

Check with college/organization for list of approved programs.

AFFIDAVIT
<p>I, _____, certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing and all information included in this application is true and correct. If the answers to any question on the application change prior to my being granted this endorsement, I must immediately notify Professional Certification at OSPI.</p> <p>_____ Signature Date City/State</p>

SECTION B

TO BE COMPLETED BY WASHINGTON APPROVED ORGANIZATION/INSTITUTION CERTIFICATION OFFICE	
A. For program completion: Has this applicant completed your state approved endorsement program?	A. <input type="checkbox"/> YES <input type="checkbox"/> NO
Date of program completion. _____	
If no, what were the deficiencies? _____	
B. For Pathway 2 (testing plus pedagogy assessment): Has this applicant completed a pedagogy assessment in the desired endorsement area?	B. <input type="checkbox"/> YES <input type="checkbox"/> NO
Date of pedagogy assessment. _____	
C. Does he/she hold a valid Washington certificate at the completion of the endorsement program?	C. <input type="checkbox"/> YES <input type="checkbox"/> NO
D. Endorsement area being completed.	
ENDORSEMENT	GRADE LEVEL(S)
E. Has this applicant passed the WEST-E test in this endorsement area?	E. <input type="checkbox"/> YES <input type="checkbox"/> NO
F. Date college/university/organization verification list was submitted to OSPI: _____	
NAME (PRINTED) AND TITLE (Certification Officer)	SIGNATURE