



## 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.**