



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Education and Certification
 Old Capitol Building, PO BOX 47200
 OLYMPIA WA 98504-7200
 (360) 725-6400 TTY (360) 664-3631
 Web Site: www.k12.wa.us/cert
 E-Mail: cert@ospi.wednet.edu

APPLICATION FOR WASHINGTON STATE INTERN SUBSTITUTE CERTIFICATE

Certificate is valid for one year or less.

Please complete the following questions and sign the affidavit.

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 ()				6. E-MAIL
HOME ()				

7. Have you ever held a Washington teacher, administrator, or educational staff associate certificate?
 If yes, what was your certificate number? 7. YES NO

8. Have you held an educational certificate in another state? If yes, list all such states here and complete Form SPI/CERT 4020C. 8. YES NO

9. From what regionally accredited college or university did you (or will you) receive your bachelor's degree?

	Date
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10. From what college/university will you complete your approved teacher preparation program (if different from No. 9 above)?

	Date
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For use by Professional Education and Certification only				
Type of Cert. Issued		Endorsement		Mailed:
Approved by	Date	State		Issued:
Materials Sent:				Codes:

11. List the name of every community college and undergraduate and graduate institution you have attended in the space below and provide the additional information requested.

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

Attach separate page for additional education, if necessary.

12. Official transcripts (those with the college or university seal) are required to process this application. Transcripts already on file at your Washington teacher preparation institution need not be submitted. List all transcripts you are providing.

NOTE: ALL OFFICIAL TRANSCRIPTS NEEDED TO EVALUATE YOUR APPLICATION FOR A CERTIFICATE MUST BE SUBMITTED WITH THIS APPLICATION.

AFFIDAVIT

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 or the character and fitness supplement change prior to my being granted certification, I must immediately notify Professional Education and Certification at OSPI.

_____ Signature _____ Date _____ City/State _____

THIS FORM MUST BE INCLUDED IN THE APPLICATION PACKET. ATTACH YOUR CHECK TO THIS FORM.

APPLICATIONS THAT ARE RECEIVED THAT DO NOT INCLUDE ALL OF THE REQUESTED MATERIALS WILL BE RETURNED TO THE APPLICANT.



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APPROVAL OF CANDIDATE FOR INTERN SUBSTITUTE CERTIFICATE

Complete Section A of this form. Send it to the education department of the college/university where you are currently completing your teacher preparation and certification program. This form, when returned to you, is to be included 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:				6. E-MAIL
BUSINESS ()		HOME ()		

SECTION B

TO BE COMPLETED BY COLLEGE/UNIVERSITY		
<p>The above-named is an applicant for an intern substitute certificate in Washington State. Complete information in Section B regarding this applicant. To be valid, this form must be signed by the dean of the college or school of education, the certification officer, the chairman of the education department, or the dean's designee at the institution where the applicant is currently completing his/her teacher preparation and certification program. A stamped signature must be initialed by the person using the stamp. RETURN THIS FORM TO THE APPLICANT.</p>		
<p>A. Is the applicant currently enrolled in your state-approved teacher education program? A. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>		
<p>B. Anticipated date of program completion. _____</p>		
<p>C. Applicant is assigned for student teaching to _____ (district) during the period _____ to _____.</p>		
<p>D. Major area(s) in which applicant will be recommended: _____</p>		
<p>E. Additional area(s) applicant may be eligible to teach: _____</p>		
<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? YES <input type="checkbox"/> NO <input type="checkbox"/> List any reason you know of why this applicant should not be certified in Washington. _____</p>		
<p>G. Do you approve the applicant as a candidate for the Intern Substitute Certificate? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>		
NAME OF COLLEGE/UNIVERSITY	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 (Chair of Education Department/Certification Officer)		SIGNATURE