



## INSTITUTIONAL APPLICATION FOR AN ADMINISTRATOR'S CERTIFICATE

Type of administrative specialization requested:

- Principal (Residency or Professional only)  
 Program Administrator (Residency or Professional only)  
 Superintendent

Level Requested:

- Initial \$35  
 Continuing \$70  
 Residency \$35  
 Professional \$25

### 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 BUSINESS (        ) HOME (        )	5. E-MAIL ADDRESS

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 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 college/university where you are completing your administrative program.**