INSTITUTIONAL/ORGANIZATIONAL APPLICATION FOR A TEACHER'S CERTIFICATE

This application with the fee and all other appropriate accompanying materials must be submitted directly to the Washington organization/institution (certification section of the Education Department) where you are completing your program.

Please complete the following questions and sign the affidavit.

Certificate requested:

- ☐ Residency $35 + $33 (OSPI) = $68
- ☐ Professional $25 + $33 (OSPI) = $58
- ☐ Substitute $15 + $33 (OSPI) = $48
- ☐ Initial Renewal $15 + $33 (OSPI) = $48
- ☐ Continuing $70 + $33 (OSPI) = $103
- ☐ Intern Substitute $5 + $33 (OSPI) = $38

SECTION A - Personal Information

1. NAME LAST FIRST MIDDLE	MAIDEN/FORMER NAME
2. CURRENT ADDRESS	3. DATE OF BIRTH
CITY/STATE/ZIP	4. SOCIAL SECURITY NO. (OPTIONAL) — —
5. TELEPHONE BUSINESS ( ) HOME ( ) CELL ( )	6. E-MAIL
7. PERMANENT ADDRESS (IF DIFFERENT)	
CITY/STATE/ZIP/PHONE #	

8. Washington institution/organization where applicant is submitting this application. _____

9. Have you ever held a Washington certificate or permit authorizing teaching or other educational service in the schools of Washington?

☐ Yes ☐ No If so, what is your certificate number? _____

10. List all states in which you hold or have held educational certification, and attach Form 4020C (available at college certification office).

_____

11. 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, school district, etc.), requirement was completed.

CLASS TITLE	DATE	WHERE COMPLETED

SECTION B - Education

Colleges/Universities Attended

List the name of every community college and four-year institution you have attended since graduating from high school.

NAME OF INSTITUTION	DATES OF ATTENDANCE	DEGREES/CREDITS EARNED	POSTGRADUATE CREDITS EARNED

Attach separate page for additional listing as necessary.

Randy I. Dorn

SUPERINTENDENT OF PUBLIC INSTRUCTION

Old Capitol Building, PO BOX 47200, OLYMPIA, WA 98504-7200

SECTION B - Education (cont.)

Student Teaching (Check here ☐ if you have not completed student teaching)

List the name of the institution/organization where you completed your student teaching experience and the grade level(s) in which you taught. If you have not yet completed student teaching, when will you do it? _____ (mo/yr—mo/yr)

NAME OF INSTITUTION/ORGANIZATION	DATES		GRADES TAUGHT	REGULAR CLASSROOM	AS A SPECIALIST			
	FROM	TO			P.E.	ART	SPEC. ED.	MUSIC

SECTION C - Assessment in Endorsement Area(s)

Effective 9-1-05 all applicants for endorsements must pass a content assessment (WEST-E) in each endorsement. List each endorsement for which you are applying, and the WEST-E score (if available).

ENDORSEMENT	SCORE	ENDORSEMENT	SCORE

SECTION D - Professional Education Experience (Check here ☐ if you have none)

List public school and/or private school contracted teaching experience.

GRADES	DATES OF EMPLOYMENT		DISTRICT	CITY	STATE	NO. OF DAYS IF LESS THAN FULL-TIME EMPLOYMENT
	FROM	TO				

ATTACH ADDITIONAL SHEETS IF NECESSARY

SECTION E - Other Employment Experience (Check here ☐ if you have none)

EMPLOYER	DATES OF EMPLOYMENT	NAME AND ADDRESS OF IMMEDIATE SUPERVISOR
POSITION	TELEPHONE NUMBER	
EMPLOYER	DATES OF EMPLOYMENT	NAME AND ADDRESS OF IMMEDIATE SUPERVISOR
POSITION	TELEPHONE NUMBER	

ATTACH ADDITIONAL SHEETS IF NECESSARY

AFFIDAVIT

I, _____, certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. If the answers to any question on the application or the moral character and personal fitness section of the application change prior to my being granted certification, I must notify the college/university certification office or the organization program director immediately.

_____ / _____
SIGNATURE DATE

_____
CITY/STATE