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	MAIDEN/FORMER NAME				
2.	ADDRESS				3. DATE OF BIRTH				
	CITY/STATE/ZIP				4. SOCIAL SECURITY NO. (OPTIONAL)				
5.	TELEPHONE:				6. E-MAIL				
	BUSINESS ()	HOME ()						
7.	If you are unable to	attach your orig	ginal certificate to this application beca	ause it is	8. CERTIFICATE NUMBER				
	lost or no longer in y								
╞	ENDORSEMENT(S) REQUESTED								

Check with college/organization for list of approved programs.

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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.

	Signature Date	City/State							
SECTION B									
	TO BE COMPLETED BY WASHINGTON APPROVED ORGANIZATION/	/INSTITUTION CERTIFICATIO							
Α.	For program completion: Has this applicant completed your state approved en	ndorsement program?	A. 🗌 YES	NO					
	Date of program completion.								
	If no, what were the deficiencies?								
В.	For Pathway 2 (testing plus pedagogy assessment): Has this applicant compl assessment in the desired endorsement area?	leted a pedagogy	B. YES	NO NO					
	Date of pedagogy assessment.								
C.	Does he/she hold a valid Washington certificate at the completion of the endo	prsement program?	C. 🗌 YES	NO					
D.	Endorsement area being completed.								
	ENDORSEMENT		GRADE LEVEL(S)						
E.	Has this applicant passed the WEST-E test in this endorsement area?		E. 🗌 YES						
F.	Date college/university/organization verification list was submitted to OSPI:								
NAM	E (PRINTED) AND TITLE (Certification Officer) S	SIGNATURE							