

State of Washington  
**PROFESSIONAL EDUCATION PERMIT**  
Granted in Accordance with Professional Educator Standards Board

NAME

**Lynette M. Madsen**

CERTIFICATE TYPE

**Residency Teacher**

ENDORSEMENT(S)

Added endorsement: **English Language Arts**

EFFECTIVE DATE

5/18/15

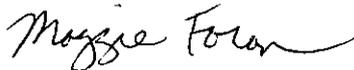
EXPIRATION DATE

6/18/16

RECOMMENDED BY

The Evergreen State College

AUTHORIZED SIGNATURE



Maggie Foran  
Certification officer

The holder of this permit is responsible for its registration with his/her employer. THIS PERMIT DOES NOT IN AND OF ITSELF ENTITLE THE HOLDER TO BE OTHERWISE CERTIFICATED.

  
State Superintendent of Public Instruction

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OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION  
 Professional Certification  
 Old Capitol Building, PO BOX 47200  
 OLYMPIA WA 98504-7200  
 (360) 725-6400 TTY (360) 664-3631  
 Web Site: <http://www.k12.wa.us/certification/>  
 E-Mail: [cert@k12.wa.us](mailto:cert@k12.wa.us)

## VERIFICATION OF ENDORSEMENT EXPERIENCE

USE THIS FORM IF YOU ARE APPLYING FOR AN ENDORSEMENT VIA TESTING

### SECTION I

TO BE COMPLETED BY APPLICANT

1. NAME LAST: <b>Madsen</b> FIRST: <b>Lynette</b> MIDDLE: <b>Marie</b>	MAIDEN/FORMER NAME
2. ADDRESS <b>28203 1104th ave E</b>	3. DATE OF BIRTH <b>09/05/1989</b>
CITY/STATE/ZIP <b>Graham, WA. 98338</b>	4. SOCIAL SECURITY NO (OPTIONAL) <b>2502</b>
5. TELEPHONE BUSINESS ( ) HOME <b>(253) 381-5260</b>	6. E-MAIL <b>lynette-madsenc@hotmail.com</b>
7. WA CERT. NO. <b>490295c</b>	

Applicants will need to meet the experience requirement listed below to add an endorsement via testing:

Verification of 90 days of teaching experience in the endorsement that is compatible in instructional methodology and content-related skills to the desired endorsement. If verifying experience for more than one employer, photocopy this form and send a copy to each employer.

A Washington endorsement on a teaching certificate describes the subject area or grade level in which the teacher is authorized to teach.

8. ENDORSEMENT (SUBJECT AREA) IN WHICH EXPERIENCE IS TO BE VERIFIED

**Social Studies**

### SECTION II

TO BE COMPLETED BY EMPLOYER, OR HIS/HER DESIGNEE, WHERE APPLICANT WAS EMPLOYED

Based on personnel records, this statement MUST be prepared and signed by the superintendent or the personnel director of the school district, or private school, where the applicant was employed. Stamped signatures MUST be initialed by the individual using the stamp. Please return this completed form directly to the applicant.

SCHOOL/DISTRICT <b>Franklin Pierce Schools</b>	APPLICANT'S POSITION TITLE <b>Teacher - High School</b>	
FROM <b>08-25-2014</b> TO <b>Present</b> <b>03-04-2015</b>	SUBJECT AREA IN WHICH APPLICANT TAUGHT (SEE ITEM 8. ABOVE) <b>Social Studies</b>	NUMBER OF DAYS OF SERVICE IN THE ENDORSEMENT <b>181</b>
SERVICE WAS <input checked="" type="checkbox"/> FULL-TIME	FROM <b>08-25-14</b> TO <b>03-04-15</b> (DATE) (DATE)	
SERVICE WAS <input type="checkbox"/> PART-TIME	FROM _____ TO _____ (DATE) (DATE)	
SERVICE WAS <input type="checkbox"/> SUBSTITUTE	FROM _____ TO _____ (DATE) (DATE)	
ADDRESS <b>315-129th Street South</b>	PRINTED NAME <b>Brandy Japhet</b>	
CITY/STATE/ZIP <b>Tacoma, WA 98444</b>	TITLE OF PERSON COMPLETING FORM <b>Assistant Director of HR</b>	
SIGNATURE <b>Brandy Japhet</b>	DATE <b>03-04-2015</b>	TELEPHONE <b>(253) 298-3084</b>

RETURN COMPLETED FORM TO APPLICANT



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**PATHWAY 2 PEDAGOGY ASSESSMENT/  
 DISTRICT SUPPORT VERIFICATION**

Use this form to verify support for an individual seeking a pathway 2 endorsement, by providing an opportunity and setting for a pedagogy assessment in the desired endorsement area.

**SECTION A**

**TO BE COMPLETED BY CANDIDATE**

1. NAME LAST FIRST MIDDLE <u>Madsen Lynette Marie</u>		MAIDEN/FORMER NAME
2. ADDRESS <u>28203 114<sup>th</sup> Ave E</u>		3. DATE OF BIRTH <u>09/05/1989</u>
4. CITY/STATE/ZIP <u>Graham, WA. 98338</u>		5. SOCIAL SECURITY NO (OPTIONAL)
6. TELEPHONE Business ( ) Home <u>(253) 381-5200</u>	7. WA CERTIFICATE NO. <u>490295c</u>	8. E-MAIL ADDRESS <u>lynette_madsen@hotmail.com</u>
9. ENDORSEMENTS ALREADY HELD <u>Social Studies</u>		10. DESIRED ENDORSEMENT <u>English Language Arts</u>
		11. CERTIFICATE NUMBER <u>490295c</u>

**SECTION B**

**TO BE COMPLETED BY SUPERINTENDENT OR PERSONNEL DIRECTOR ONLY**

**Statement Supporting the Teacher's Pedagogy Assessment in the Desired Endorsement Area**

FRANKLIN PIERCE SCHOOLS commit to providing a setting in which  
 (Name of school district, approved private school, or state agency providing educational services)

EVERGREEN STATE COLLEGE may conduct the assessment for LYNETTE MADSEN  
 (institution/organization) (Teacher's name)

to add the following endorsement(s): ENGLISH LANGUAGE ARTS  
 (Desired endorsement)

NAME OF SCHOOL DISTRICT/ESD/PRIVATE SCHOOL <u>FRANKLIN PIERCE SCHOOLS</u>		DATE <u>3/5/15</u>
ADDRESS <u>315 129<sup>th</sup> ST S.</u>		
CITY/STATE/ZIP <u>TACOMA, WA 98444</u>		
TELEPHONE <u>(253) 298-3085</u>	NAME (PRINTED) <u>DR. SHAWN V. CAREY</u>	
SIGNATURE AND TITLE 		