

perjury under the laws of the state of Washington that the foregoing is true and correct:

TEACHING CERTIFICATE 2-YEAR RESIDENCY RENEWAL

Verification of Eligibility

The persons listed below are enrolled in a Professional Teacher Certificate program, and meet requirements for 2-year renewal of their residency teaching certificate. IF THE APPLICANT DID NOT HOLD A VALID WASHINGTON CERTIFICATE AT THE TIME OF APPLICATION FOR THIS CERTIFICATE, ALL APPLICABLE DOCUMENTS VERIFYING BACKGROUND CHARACTER AND FITNESS CHECKS, TO INCLUDE THE DEAN/DIRECTOR'S AFFIDAVIT, ARE ON FILE AT THE COLLEGE/UNIVERSITY.

The undersigned attests that the documentation required by the Professional Education and Certification office is on file. Also, the undersigned certifies under penalty of

Institution:				relephone Number:			
Signature:			Dat	Date:			
	ducation/Certifica	ation Officer or Designee	9				
List Names in Alphabetical Order							
Complete Legal Name - Last, First, Middle	Birthdate	Washington Certificate Number	WSP/FBI Clearance Received *	En Area	ndorsements** Type	OSPI Use Only	
	* Not require	ed if candidate holds a	any type of valid V	Washington certificate.			

WAC 180-79A: C = Carryover from standards in effect on 8/31/00)

** Endorsements must indicate type (from WAC 180-82A: N = New; from WAC 180-82: P = Primary, S = Supporting; from

FORM SPI/CERT 4413-1 (Rev. 1/05)