

Date _____

**Certification File Review
Required Materials: Residency Teachers**

ORGANIZATION _____ NAME _____ INSTITUTION/ _____
PROGRAM: RESIDENCY TEACHER WA CERTIFICATE NUMBER _____

1. ___ Application form (signed and dated)
2. ___ Appropriate fee has been paid
3. ___ If no valid WA certificate:
 - a. ___ Character and Fitness Supplement Form (4020B)
 - b. ___ Verification of Good Standing in Other States (4020C), if applicable
 - c. ___ Fingerprint clearance within two years of being placed on the recommending list
 - d. ___ Dean's affidavit

The application form and the moral character supplement must be completed and signed with an original signature. If there is a "YES" answer to one or more of the questions, a signed consent form with the necessary explanatory materials and a copy of the application, must be sent to the Office of Professional Practices at OSPI. The individual must be cleared by the Office of Professional Practices before the individual can be recommended for certification. All questions must be answered.

4. ___ Admission to program requirements. Please enter your own requirements e.g., grade point average, prerequisite classes, etc.
 - a. ___ WEST-B (basic skills) test has been passed. (Date{s} Passed) _____
 - b. ___
 - c. ___
 - d. ___
5. ___ All Program requirements completed.
 - a. ___ Endorsement requirements completed
 - b. ___ WEST-E in the endorsement area(s) of: _____
(Date{s} Passed) _____
 - c. ___ Student teaching
 - d. ___ Pedagogy assessment instrument administered on: _____ and _____ **
 - e. ___ Draft professional growth plan complete**
 - f. ___ Bachelor's or master's degree statement is on the transcript
 - g. ___ Other
6. ___ Official transcripts of all course work required for program completion. (Transcripts obtained from the registrar's office or other campus offices are acceptable.)
7. ___ Waiver documentation. If a waiver has been granted, the waiver request and rationale for granting the waiver are on file.

I, _____ certify that this student has completed our approved
(Certification Officer or Program Director)
teacher preparation program in the area(s) of _____ and _____.

Date