

INSTITUTIONAL APPLICATION FOR A TEACHER'S CERTIFICATE

This application with the fee and all other appropriate accompanying materials must be submitted directly to the Washington 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 Initial Renewal \$15 Residency Renewal (2 yr) \$10
 Professional \$25 Continuing \$70
 Substitute \$15 Intern Substitute \$5

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
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7. PERMANENT ADDRESS (IF DIFFERENT)				
CITY/STATE/ZIP/PHONE #				

8. Washington institution 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.



Dr. Terry Bergeson

SUPERINTENDENT OF PUBLIC INSTRUCTION

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

