

## Teacher Professional Certification Program Application

### General Information

**Name:** \_\_\_\_\_  

Last
First
Middle
Former

Previous WSU Student?  Y  N WSU ID #: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender (opt.):  M  F  
MM/DD/YY

**Address:** \_\_\_\_\_  

Street
City
State
Zip

Work Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ E-mail Address: (required) \_\_\_\_\_

Washington Residency Teacher Certificate Number (required): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

When do you plan to begin the Professional Certificate Program (PCP)?  Fall  Spring Year \_\_\_\_\_

**A minimum grade of "C" (2.0) is required for all professional education coursework**

### Education

**Bachelor Degree** *(list additional undergraduate degrees on a separate page)*  
 Institution: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Degree Earned:  B.A.  B.S.  Other (specify) \_\_\_\_\_ Major: \_\_\_\_\_ Date Earned: (mm/yy) \_\_\_\_\_

**Graduate Degree** *(list additional graduate degrees on a separate page)*  
 Institution: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Degree Earned:  M.A.  M.Ed.  Other (specify) \_\_\_\_\_ Specialization: \_\_\_\_\_ Date Earned: (mm/yy) \_\_\_\_\_

### Employment History

**Current Employment**  
 School District: \_\_\_\_\_ School: \_\_\_\_\_ Employment Dates: \_\_\_\_\_  
 Phone Number: (\_\_\_\_) \_\_\_\_\_ Grade Level: \_\_\_\_\_ Principal: \_\_\_\_\_

**Previous Employment\*\***  
 School District: \_\_\_\_\_ School: \_\_\_\_\_ Employment Dates: \_\_\_\_\_  
 Phone Number: (\_\_\_\_) \_\_\_\_\_ Grade Level: \_\_\_\_\_ Principal: \_\_\_\_\_

\*\*For additional history, please attach a list

**Please submit the following documentation with this application:**

- Provisional Status/Employer Support Verification (FORM SPI 4421)
- Copy of Valid Residency Teaching Certificate

**Return completed form to:** Dr. Maria Moscatelli  
 WSU Tri-Cities  
 2710 University Drive  
 Richland, WA 99354-1671

**Phone:** (509) 372-7186  
**Fax:** (509) 372-7555  
**Email:** [mmoscatelli@tricity.wsu.edu](mailto:mmoscatelli@tricity.wsu.edu)

\_\_\_\_\_  
**Candidate Signature**

\_\_\_\_\_  
**Date**