

**INSTITUTIONAL APPLICATION FOR AN ADDITIONAL ENDORSEMENT
TO A WASHINGTON TEACHING CERTIFICATE
THROUGH COMPLETION OF AN APPROVED PROGRAM**

(WASHINGTON INSTITUTIONS ONLY)

SECTION A

TO BE COMPLETED BY APPLICANT

1. NAME LAST FIRST MIDDLE	MAIDEN/FORMER NAME
2. ADDRESS	3. DATE OF BIRTH
CITY/STATE/ZIP	4. SOCIAL SECURITY NO. (OPTIONAL)
5. TELEPHONE: BUSINESS () HOME ()	6. E-MAIL
7. If you are unable to attach your original certificate to this application because it is lost or is no longer in your possession, please check here. <input type="checkbox"/>	8. CERTIFICATE NUMBER

ENDORSEMENT(S) REQUESTED

Check with college for list of approved programs.

AFFIDAVIT

I, _____, certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing and all information included in this application is true and correct. If the answers to any question on the application change prior to my being granted this endorsement, I must immediately notify Professional Education and Certification at OSPI.

Signature _____

Date _____

City/State _____

SECTION B

TO BE COMPLETED BY WASHINGTON COLLEGE/UNIVERSITY CERTIFICATION OFFICE

A. For program completion: Has this applicant completed your state approved endorsement program? A. YES NO
Date of program completion. _____
If no, what were the deficiencies? _____

B. For Pathway 2 (testing plus pedagogy assessment): Has this applicant completed a pedagogy assessment in the desired endorsement area? B. YES NO
Date of pedagogy assessment. _____

C. Does he/she hold a valid Washington certificate at the completion of the endorsement program? C. YES NO

D. Endorsement area being completed.

ENDORSEMENT	GRADE LEVEL(S)

E. Has this applicant passed the Praxis II test in this endorsement area? E. YES NO

F. Date college/university verification list was submitted to OSPI: _____

NAME (PRINTED) AND TITLE (Certification Officer)	SIGNATURE