

(WASHINGTON INSTITUTIONS ONLY)

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:				6. E-MAIL
	BUSINESS ()		HOME ()		
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

Check with college for list of approved programs.

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.

City/State

TO BE COMPLETED BY WASHINGTON COLLEGE/UNIVERSITY CERTIFICATION OFFICE

- D. Endorsement area being completed.

ENDORSEMENT	GRADE LEVEL(S)

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

NAME (PRINTED) AND TITLE (Certification Officer)	SIGNATURE
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