## 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 NAME LAST MAIDEN/FORMER NAME 3. DATE OF BIRTH ADDRESS 4. SOCIAL SECURITY NO. (OPTIONAL) CITY/STATE/ZIP 5. TELEPHONE: 6. E-MAIL BUSINESS ( HOME ( 8 CERTIFICATE NUMBER 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. **ENDORSEMENT(S) REQUESTED** Check with college for list of approved programs. **AFFIDAVIT** \_, 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. YES NO For program completion: Has this applicant completed your state approved endorsement program? Date of program completion. If no, what were the deficiencies? B. YES NO For Pathway 2 (testing plus pedagogy assessment): Has this applicant completed a pedagogy assessment in the desired endorsement area? Date of pedagogy assessment. \_ C. | \_ YES Does he/she hold a valid Washington certificate at the completion of the endorsement program? C. Endorsement area being completed. ENDORSEMENT GRADE LEVEL(S) E. YES Has this applicant passed the WEST-E test in this endorsement area? NO Date college/university verification list was submitted to OSPI: NAME (PRINTED) AND TITLE (Certification Officer) SIGNATURE