



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Certification
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CONTINUING PRINCIPAL'S CERTIFICATE VERIFICATION OF POST-INITIAL PRINCIPAL CERTIFICATE HOURS

Complete Section A of this form. Send it to your employing school district or private school or the education department of the college/university where you completed your additional study in administration. This form, when returned to you, is to be included with your application packet for the continuing principal's certificate.

SECTION A

TO BE COMPLETED BY APPLICANT

Fill out the top portion of this form and send it to your employer or the education department of the college/university where you completed your additional credits. When this form has been returned to you, include it in your application packet.

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 ()				6. E-MAIL
HOME ()				7. CERTIFICATE NO.

SECTION B

TO BE COMPLETED BY COLLEGE/UNIVERSITY OR EMPLOYER

The above-named individual is an applicant for the continuing principal's certificate. The continuing principal's certificate requires completion of 15 quarter (10 semester) hours taken from a college or university with a state approved principal's program, or 150 clock hours of study that meets the state continuing education clock hour criteria pursuant to chapter 181-85 WAC, or a combination of credits and clock hours equivalent to the above. This study needs to:

1. Be based on the principal standards included in WAC 181-78A-270(2) (see reverse side of this form);
2. Be taken subsequent to the issuance of the initial principal's certificate; and
3. Be determined in consultation with and approved by the candidate's employer or the administrator or a state approved principal preparation program.

SIGNATURE OF EMPLOYING SUPERINTENDENT, OR HIS/HER DESIGNEE:

SIGNATURE OF COLLEGE/UNIVERSITY EDUCATION DEPARTMENT OFFICIAL:

I confirm that the applicant has completed the required hours described above.	
NAME OF SCHOOL DISTRICT/ESD/PRIVATE SCHOOL	
ADDRESS	
CITY/STATE/ZIP	
SIGNATURE	
PRINTED NAME	
TITLE OF PERSON COMPLETING FORM	
DATE	TELEPHONE: ()
E-MAIL	

OR

I confirm that the applicant has completed the required hours described above.	
NAME OF COLLEGE/UNIVERSITY	
ADDRESS	
CITY/STATE/ZIP	
SIGNATURE	
PRINTED NAME	
TITLE OF PERSON COMPLETING FORM	
DATE	TELEPHONE: ()
E-MAIL	

(b) Effective September 1, 2004, principal and program administrator candidates, in order to support student achievement of the state learning goals and essential academic learning requirements, will complete formalized opportunities, including an internship, in an approved program that includes:

(i) Successful demonstration of standards. A school administrator is an educational leader who promotes the success of all students by:

(A) Facilitating the development, articulation, implementation, and stewardship of a vision of learning that is shared and supported by the school community;

(B) Advocating, nurturing, and sustaining a school culture and instructional program conducive to student learning and staff professional growth;

(C) Ensuring management of the organization, operations, and resources for a safe, efficient, and effective learning environment;

(D) Collaborating with families and community members, responding to diverse community interests and needs, and mobilizing community resources;

(E) Acting with integrity, fairness, and in an ethical manner; and

(F) Understanding, responding to, and influencing the larger political, social, economic, legal and cultural context.