



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Certification
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 OLYMPIA WA 98504-7200
 (360) 725-6400 TTY (360) 664-3631
 Web Site: <http://www.k12.wa.us/certification/>
 E-Mail: cert@k12.wa.us

CONTINUING CERTIFICATE: VERIFICATION OF EXPERIENCE

SECTION I

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				WA CERT. NO.
BUSINESS		HOME		
E-MAIL				

If you are applying for the continuing certificate, you will need to verify appropriate experience on this form. Applicants will need to meet the experience requirement listed below for the continuing certificate:

Verification of 180 days of appropriate service in the respective role (teacher and administrator other than principal) of which 30 days must have been with the same employer. Substitute service in the role can be used. If verifying experience for more than one employer, photocopy this form and send to each employer.

The continuing principal's certificate requires three years (540 days) of service as a principal, vice principal, or assistant principal.

The Continuing ESA Certificate for the school behavior analyst, nurse, occupational therapist, physical therapist, social worker, and speech language pathologist or audiologist role requires verification of two years full-time equivalent (FTE) experience in the role in Washington with a school district, state-approved private school, or state agency that provides educational services for students.

SECTION II

TO BE COMPLETED BY EMPLOYER, OR HIS/HER DESIGNEE, WHERE APPLICANT WAS EMPLOYED

Based on personnel records, this statement **MUST** be prepared and signed by the superintendent or the personnel director of the school district, private school, or administrator at the college/university where the applicant was employed. Stamped signatures **MUST** be initialed by the individual using the stamp. Please return this completed form directly to the applicant.

SCHOOL DISTRICT		APPLICANT'S POSITION TITLE	
FROM	TO	IF PERSON SERVED IN DUAL ROLE, INDICATE PERCENTAGE OF FULL-TIME EQUIVALENCY IN EACH ROLE:	NUMBER OF DAYS OF SERVICE EACH YEAR:
SERVICE WAS	<input type="checkbox"/> FULL-TIME	FROM _____ TO _____ (DATE) (DATE)	
SERVICE WAS	<input type="checkbox"/> PART-TIME	FROM _____ TO _____ (DATE) (DATE)	
SERVICE WAS	<input type="checkbox"/> SUBSTITUTE	FROM _____ TO _____ (DATE) (DATE)	
ADDRESS		PRINTED NAME	
CITY/STATE/ZIP		TITLE OF PERSON COMPLETING FORM	
SIGNATURE		DATE	TELEPHONE

RETURN COMPLETED FORM TO APPLICANT