



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
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CAREER AND TECHNICAL EDUCATION DIRECTOR CERTIFICATE CONTINUING OR PROFESSIONAL ADMINISTRATOR EXPERIENCE

SECTION I

TO BE COMPLETED BY APPLICANT

Fill out this section and send the form to your employer(s). If verifying experience for more than one employer, photocopy this form and send to each employer. Include this form in your application packet after it is returned to you.

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 ()				E-MAIL
				HOME ()

If you are applying for the career and technical education director certificate, you will need to verify appropriate teaching or coordination experience on this form. Applicants must meet the following experience requirement:

Verification of two years of service as an administrator. Must hold a valid continuing or professional administrator certificate.

SECTION II

TO BE COMPLETED BY EMPLOYER OR HIS/HER DESIGNEE

Based on personnel records, this statement **MUST** be prepared and signed by the superintendent, the personnel director, or career and technical education administrator of the school district or skills center where the applicant was employed. Work experience may be full- or part-time in a career and technical education program. Stamped signatures **MUST** be initialed by the individual using the stamp. Please return the completed form directly to the applicant.

SCHOOL DISTRICT		APPLICANT'S POSITION TITLE	
FROM	TO	Teaching/coordination was in an approved career and technical education program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS		PRINTED NAME	
		TITLE OF PERSON COMPLETING FORM	
SIGNATURE	DATE	TELEPHONE ()	

RETURN COMPLETED FORM TO APPLICANT