



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Certification
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 Web Site: <http://www.k12.wa.us/certification>
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**INSTITUTIONAL VERIFICATION OF ENROLLMENT
 FOR CAREER AND TECHNICAL EDUCATION
 (BUSINESS AND INDUSTRY ROUTE)
 PROGRAM COMPLETION AND CHARACTER
 (FOR CTE CONDITIONAL CERTIFICATE)**

**USE THIS FORM ONLY FOR CERTIFICATION BASED ON
 BUSINESS AND INDUSTRY EXPERIENCE IN A SUBCATEGORY SPECIALTY AREA.**

Applicants completing this form must also complete Career and Technical Education (CTE) Certificate Verification of Specific Safety (Form SPI/CERT 4075S).

Complete Section A of this form. Send it to the administrator of the program where you enrolled in your Washington state-approved CTE business and industry route program. When this form is returned to you. Include with your application packet.

SECTION A

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:				E-MAIL
BUSINESS		HOME		CERTIFICATE NUMBER

SECTION B

TO BE COMPLETED BY WASHINGTON STATE APPROVED PROGRAM PROVIDER		
<p>The above-named is an applicant for CTE teacher certification in Washington state. Please complete the information in this section regarding this applicant. To be valid, this form must be signed by the program administrator at the institution where the applicant completed his/her Washington state Professional Educator Standards Board approved CTE business and industry route enrollment and/or completed worksite learning. A stamped signature must be initialed by the person using the stamp. Verify the information with the school seal. RETURN THIS FORM TO THE APPLICANT.</p>		
A. Has this applicant enrolled and attended the first full class (physically attended or logged in for the on-line course) in your Professional Educator Standards Board approved CTE Business and Industry route program?	A. <input type="checkbox"/> YES <input type="checkbox"/> NO	
B. Date of enrollment. _____		
C. Has this applicant demonstrated all competencies required for Worksite Learning?	C. <input type="checkbox"/> YES <input type="checkbox"/> NO	
D. Do you have knowledge that the applicant has been arrested, charged, or convicted of any crime or has a history of any serious behavioral problems?	YES <input type="checkbox"/> List any reasons you know of why this applicant should not NO <input type="checkbox"/> be certified in Washington. _____	
NAME OF WASHINGTON STATE APPROVED PROGRAM PROVIDER	DATE	
ADDRESS	By signing this form I attest that the above information is true and accurate to the best of my knowledge.	
CITY/STATE/ZIP		
TELEPHONE		E-MAIL
NAME (PRINTED) AND TITLE (Program Administrator)		
SIGNATURE		

RETURN COMPLETED FORM TO THE APPLICANT