
**WASHINGTON STATE
FIRST PEOPLES' LANGUAGE, CULTURE AND ORAL TRADITIONS
CERTIFICATION REQUIREMENTS**

Attention: Total fee amounts due with this application include a \$51 OSPI processing fee.

FIRST PEOPLES' LANGUAGE, CULTURE AND ORAL TRADITIONS CERTIFICATE:

- Must present evidence of good moral character and personal fitness.
- Must have completed a sovereign tribal government's language/culture teacher certification program.
- Must have completed a course or coursework relating to issue of abuse.

**FIRST PEOPLES' LANGUAGE, CULTURE AND ORAL TRADITIONS RENEWAL
CERTIFICATE:**

- Must present evidence of good moral character and personal fitness if applicant does not hold a valid Washington educator certificate at the time of application.
- Must have completed or met sovereign tribal government's renewal/continuing education requirements.

APPLICATION INSTRUCTIONS

Only COMPLETE applications (all items except your fingerprint cards) will be accepted for processing by the Office of Superintendent of Public Instruction.

It is your responsibility to collect the items needed for evaluation for certification and submit them in one envelope to the OSPI Office.

All fees are non-refundable.

Washington State law requires that any applicant who does not hold a valid Washington certificate at the time of application must be fingerprinted for a state and national background check. Since this could delay the application, we urge you to initiate this process as soon as possible.

Fingerprints. You may select one of the following options to complete the fingerprint process:

- A. You may utilize the live scan fingerprinting process in person at one of the ESD locations. This process does not require a fingerprint card and is subject to an additional processing fee. Please contact the ESD of your choice for details.
- B. If your fingerprints are worn and not easily discernible the State Patrol recommends you have your prints processed by the ink and roll method using the fingerprint card and instruction sheet which can be obtained from our office. Once you have the card and instructions, this may be completed by contacting a law enforcement agency that will fingerprint applicants for non-criminal background checks. Please check with the agency for additional processing fees. Some ESD offices may provide the ink and roll method in addition to the electronic Live Scan.

If the background check reveals a criminal record, or if you answer “yes” on the character and fitness supplement (Form SPI/CERT 4020B), your application materials will be forwarded to the Office of Professional Practices for review. This may delay the certification process for several months. The Professional Certification office cannot act on your application materials until clearance is received from the Office of Professional Practices.

FIRST PEOPLES' LANGUAGE, CULTURE AND ORAL TRADITIONS CERTIFICATION CHECKLIST

- FORM SPI/CERT 4024A APPLICATION FOR FIRST PEOPLES' LANGUAGE, CULTURE AND ORAL TRADITIONS CERTIFICATION
(attach payment for certification fee to this form)

- FORM SPI/CERT 4024A-1 TRIBAL VERIFICATION.

- TRIBAL CERTIFICATE Submit copy of tribal certificate, including date of issuance.

- TRANSCRIPT(S) Submit a copy of an issues of abuse course transcript or other record of completion, with course
title, date of completion, and name of provider.

- FEE For First Peoples' Language, Culture and Oral Traditions Certification or Renewal = \$30.00 + \$51 (OSPI) = \$81

If you do not hold a valid Washington certificate the following are also required:

- FORM SPI/CERT 4020B CHARACTER AND FITNESS SUPPLEMENT

- FINGERPRINT BACKGROUND CHECK Please indicate the date submitted: _____

**SEND YOUR COMPLETE APPLICATION PACKET AND FEE TO OSPI, FISCAL OFFICE, P.O. BOX 47200,
OLYMPIA, WA 98504-7200.**

I am enclosing a COMPLETE Washington teacher certification application.

Signature

/

Date



Washington Office of Superintendent of
PUBLIC INSTRUCTION

**APPLICATION FOR FIRST PEOPLES' LANGUAGE, CULTURE
 AND ORAL TRADITIONS TEACHER CERTIFICATE**

Applicant: Complete Section I of this form. Give form 4024A-1 to the designated representative of the sovereign tribal government for verification of completion of tribal language/culture preparation program. Submit completed application, including form 4024A-1.

TO BE COMPLETED BY APPLICANT

| | | |
|--|--------------------------------|-----------------------------------|
| NAME (PRINTED) LAST, FIRST, MIDDLE | | MAIDEN/FORMER NAME |
| STREET ADDRESS | | DATE OF BIRTH |
| CITY/STATE/ZIP | | SOCIAL SECURITY NUMBER (OPTIONAL) |
| TELEPHONE (BUSINESS) () | TELEPHONE (HOME) () | E-MAIL |
| 1. Have you ever held a Washington state teaching certificate (initial, continuing, residency or professional teacher)? <input type="checkbox"/> YES <input type="checkbox"/> NO | | WA STATE CERTIFICATE NUMBER |
| 2. Have you submitted fingerprints to the Washington State Patrol? [RCW 28A.410.010 and WAC 181-79A-150(1)(2)] <input type="checkbox"/> YES <input type="checkbox"/> NO | | DATE SUBMITTED FINGERPRINTS |
| 3. Have you completed your sovereign tribal government's language/culture teacher certification program? Identify tribe _____ <input type="checkbox"/> YES <input type="checkbox"/> NO | | DATE OF PROGRAM COMPLETION |
| 4. Have you completed course or coursework relating to issues of abuse? [RCW 28A.410.035 and WAC 181-79A-030(6)] <input type="checkbox"/> YES <input type="checkbox"/> NO | | DATE OF COMPLETION |
| 5. Is this a renewal of a FPLCOT certificate? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| 6. If yes, have you completed/met tribal renewal/continuing education requirements? [WAC 181-79A-252] <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

AFFIDAVIT

I, _____, certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. The intentional misrepresentation of a material fact in this form subjects the holder to revocation of his/her certificate.

Signature _____

Date _____

City/State _____

OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Certification
 Old Capitol Building, PO BOX 47200
 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



Washington Office of Superintendent of
PUBLIC INSTRUCTION

TRIBAL VERIFICATION

Applicant: Complete Section I of this form. Give the form to the designated representative of the sovereign tribal government for verification of completion of tribal language/culture preparation program. This form, when completed, is to be returned to the applicant.

SECTION I - APPLICANT REQUEST

TO BE COMPLETED BY APPLICANT

| | | |
|------------------------------------|--------------------------------|-----------------------------------|
| NAME (PRINTED) LAST, FIRST, MIDDLE | | MAIDEN/FORMER NAME |
| STREET ADDRESS | | DATE OF BIRTH |
| CITY/STATE/ZIP | | SOCIAL SECURITY NUMBER (OPTIONAL) |
| TELEPHONE (BUSINESS) () | TELEPHONE (HOME) () | E-MAIL |

SECTION II - TRIBAL APPROVAL

TO BE COMPLETED BY REPRESENTATIVE OF THE SOVEREIGN TRIBAL GOVERNMENT

This statement must be prepared and signed by the representative of the sovereign tribal government. Stamped signatures must be initiated by the individual using the stamp. Please forward completed form to Professional Education and Certification.

| | | |
|---|------------------|-------------------------------------|
| SOVEREIGN TRIBAL GOVERNMENT NAME | | |
| PRINTED NAME OF AUTHORIZED TRIBAL OFFICIAL | | TITLE OF AUTHORIZED TRIBAL OFFICIAL |
| STREET ADDRESS | TELEPHONE NUMBER | FAX NUMBER |
| CITY/STATE/ZIP | E-MAIL | |
| Has the applicant completed your sovereign tribal government's language/culture teacher certification program? [WAC 181-78A-700] | | DATE OF PROGRAM COMPLETION |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Is this a renewal of a FPLCOT certificate? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| If so, has the applicant completed/met tribal renewal/continuing education requirements? [WAC 181-78A-252] | | DATE OF PROGRAM COMPLETION |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Has the applicant NOT met requirements for renewal/continuing to hold a FPLCOT certificate or has the tribe withdrawn this applicant's certification for any reason? [WAC 181-78A-700(7)(d)(ii)(iii)] | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

This applicant has tribal approval for issuance of the First Peoples' Language, Culture and Oral Traditions Certificate for the following language/culture - dialect:

 LANGUAGE/CULTURE - DIALECT DESIGNATION TO BE PRINTED ON CERTIFICATE

Signature

Date

Signature

Date



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Certification
 Office of Professional Practices
 Old Capitol Building, PO BOX 47200
 OLYMPIA WA 98504-7200
 OPP (360) 725-6130 TTY (360) 664-3631
 Web Site: <http://www.k12.wa.us/certification>
 E-Mail: cert@k12.wa.us

CHARACTER AND FITNESS SUPPLEMENT

Please complete the following questions carefully and completely before providing information and signing the affidavit. **Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification, or in the case of a certificate holder, reprimand, suspension, or revocation of the educational certificate, credential, or license.**

ALL REQUIRED DOCUMENTATION REQUESTED BELOW MUST ACCOMPANY THIS FORM. ALL QUESTIONS MUST BE ANSWERED. IF ADDITIONAL SPACE IS NEEDED, ATTACH ON A SEPARATE SHEET OF PAPER.

| SECTION I - PERSONAL INFORMATION (please print or type) | | | | |
|--|------|-------|-----------------------------------|----------------|
| 1. NAME | LAST | FIRST | MIDDLE | 2. MAIDEN NAME |
| 3. ADDRESS | | | 4. DATE OF BIRTH | |
| CITY/STATE/ZIP | | | 5. SOCIAL SECURITY NO. (OPTIONAL) | |
| 6. TELEPHONE BUSINESS: () | | | 7. E-MAIL | |
| HOME: () | | | | |
| 8. Please list all former names you have used and approximate dates of use. (If more than three, list on separate sheet of paper.) | | | | |
| | | | Date | |
| | | | Date | |
| | | | Date | |

| SECTION II - PROFESSIONAL FITNESS | | |
|--|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you ever held or do you currently hold a Washington education certificate? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you ever held or do you currently hold any education certificate, credential or license authorizing service in the public/private schools in another state, province, territory, or country? If "yes," list the states, provinces, territories, and/or countries: |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Are you currently or have you ever been the subject of any certificate or licensing investigation or inquiry by any certification or licensing agency for allegations of misconduct? If "yes," on a separate sheet of paper, list the agency, including complete address and telephone number as well as the purpose of the investigation or inquiry. |
| If you answer "yes" to questions 4 through 11 (Section II), on a separate sheet of paper, give a complete explanation, including duties, circumstances, and supporting documentation. | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever had any adverse action taken on any certificate or license? (Adverse action includes letters of warning, reprimands, suspensions [including stayed], revocations, voluntary surrenders, or avoidance.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you ever been denied, or otherwise rejected for cause, an education certificate, credential, or license? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you ever withdrawn an application for any education certificate, credential, or license? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you ever practiced in any educational position in a public school for which you did not hold the appropriate valid educational certificate, credential, or license for that position? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Have you ever been dismissed, discharged, or fired from any employment position involving children or dependent adults? (Do not include RIFs) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Have you ever resigned from or otherwise left any employment (e.g., settlement agreement) while allegations of misconduct were pending? |

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Have you ever been disciplined by a past or present employer because of allegations of misconduct? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Are you currently or have you ever been the subject of any investigation or inquiry by an employer because of allegations of misconduct? |

SECTION III - CRIMINAL HISTORY

If you answer "yes" to any of the questions 1–5 (Section III), please provide the following:

- A. On a separate sheet of paper state the following:
 - a. A detailed statement including what occurred, the nature of the offense, charge or warrant.
 - b. The name and address of the arresting agency.
 - c. If a court was involved, the name and address of the court.
 - d. The date of the arrest.
 - e. The final disposition, if any.
- B. If a court was involved, provide a copy of the court docket (can be obtained at the court in which the charge[s] were filed).
- C. Provide a copy of the complete arresting officer's report.
- D. If a court was involved, provide the sentence and judgment (can be obtained at the court in which the charge[s] were filed).
- E. If the arrest was driving related, provide a copy of a current and complete 5-year driving abstract.

NOTE: For questions 1, 2, 3, DO NOT include minor in possession (MIP)/minor in consumption (MIC) occurring more than 2 years ago or driving under influence (DUI) occurring more than 5 years ago.

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. In the last 10 years, have you ever been arrested for any crime or violation of the law? (Do NOT include Minor in Possession [MIP]/Minor in Consumption [MIC] occurring more than 2 years ago or Driving Under Influence [DUI/DWI] occurring more than 5 years ago.) (Note: For "yes" responses to 1, 2, 3, even if your case was dismissed or your record was sealed you must answer this question in the affirmative.) You need not list traffic violations for which a fine or forfeiture of less than \$300 was imposed. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. In the last 10 years, have you ever been fingerprinted as a result of any arrest for any crime or violation of the law? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the last 10 years, have you ever been convicted of any crime or violation of any law? (Note: For the purpose of this question "convicted" includes [1] all instances in which a plea of guilty or nolo contendere is the basis of conviction, [2] all proceedings in which a sentence has been suspended or deferred, [3] or bail forfeiture.) You need not list traffic violations or fines for which a fine or forfeiture of less than \$300 was imposed. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever been convicted of any felony crime? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you currently have any outstanding criminal charges or warrants of arrest pending against you? This would include Washington State, any other state, province, territory, and/or country. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you ever been or are you presently under investigation in any jurisdiction for possible criminal charges? If your answer is "yes," identify agency and location (street address, city, state) and the circumstances or details relating to the investigation on a separate piece of paper. |

SECTION IV - FITNESS

If you answer "yes" to any question (Section IV), provide a written explanation on a separate sheet of paper:

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you ever exhibited any behavior or conduct which might negatively impact your ability to serve in a role which requires a certificate, credential, or license? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. In the past 10 years, have you ever engaged in any conduct which resulted in the damage or destruction of property? (For purposes of questions 2 and 3, property includes both real and personal property owned by you or another. Do not list damages done as the result of an automobile accident.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the last 10 years, have you ever threatened to damage or destroy property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever engaged in any conduct which resulted in the physical injury or harm of any person(s)? (Do not list injury or harm caused as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you ever threatened to do physical injury or harm to any person(s)? (Do not list threats issued as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.) |

SECTION IV - FITNESS

Yes No

6. Do you have a medical condition which in any way impairs or limits your ability to serve in a certificated role with reasonable skill and safety?

N/A

7. If you use chemical substance(s), does this use in any way impair or limit your ability to serve in a certificated role with reasonable skill and safety?

N/A

If you disclosed a "yes" answer to questions 6 or 7 above, are the limitations or impairments caused by your medical condition(s) or substance abuse reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? Please explain on a separate sheet of paper and provide the name, address, and telephone number of the program.

8. Do you currently use illegal drugs?

9. Have you used illegal drugs in the last year?

N/A

If you disclosed a "yes" answer to question 9 above, have you successfully completed or are you participating in a supervised rehabilitation program? Please explain on a separate sheet of paper and provide the name, address, and telephone number of the program.

If you answer "yes" to questions 10 or 11, attach copies of any court orders entered in the proceeding.

Yes No

10. Have you ever been found in any dependency or domestic relation matter to have sexually assaulted or exploited any minor?

11. Have you ever been found in any dependency or domestic relation matter to have physically abused any person?

If you answer "yes" to questions 12 or 13, and a repayment agreement has been established, attach copies of the repayment agreement from the appropriate agency.

Yes No

12. Are you currently in default status on any educational loan or scholarship? (Do not include loans that are currently in a compliant deferment status.)

13. Are you currently in non-compliance with a support order?

SECTION V - CHARACTER REFERENCES

List three individuals, not related to you, who will serve as character references.

| | | |
|---------------------------|--|--------------------------------|
| NAME | | TELEPHONE NUMBER () |
| MAILING ADDRESS | | CITY/STATE/ZIP |
| E-MAIL ADDRESS (OPTIONAL) | | |
| NAME | | TELEPHONE NUMBER () |
| MAILING ADDRESS | | CITY/STATE/ZIP |
| E-MAIL ADDRESS (OPTIONAL) | | |
| NAME | | TELEPHONE NUMBER () |
| MAILING ADDRESS | | CITY/STATE/ZIP |
| E-MAIL ADDRESS (OPTIONAL) | | |

*** ATTENTION ***

Please complete the appropriate sections on the next page (pg. 4 of 4).

ALL APPLICANTS MUST COMPLETE THE AFFIDAVIT

AFFIDAVIT

I, _____ certify (or declare) under the penalty of perjury under the laws of the state of Washington that the foregoing and all information included in the application is true and correct.

If the information provided or answer(s) to any question on the application or character and fitness supplement changes prior to my being granted certification, I must immediately notify the Office of Professional Practices and my college/university if I am a college/university candidate.

I understand I must answer this application truthfully and completely. Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification, or in the case of a certificate holder, reprimand, suspension, or revocation of the educational certificate, credential, or license.

SIGNATURE

DATE

CITY/STATE

COLLEGE/UNIVERSITY STUDENTS ONLY

Please also complete the release below:

AFFIDAVIT

I hereby authorize _____ to release, orally or in writing as may be requested,
(name of college/university)
all student records and other personally identifiable information to the Office of the Superintendent of Public Instruction (OSPI) for the purpose of investigating and determining my eligibility for Washington State certification pursuant to RCW 28A.410, WAC 181-86, and WAC 181-87, as now or hereafter amended.

SIGNATURE OF APPLICANT

DATE

OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Certification
 Old Capitol Building, PO BOX 47200
 OLYMPIA WA 98504-7200
 (360) 725-6400 TTY (360) 664-331 FAX (360) 586-0145
 Web Site: <http://www.k12.wa.us/certification/>
 E-Mail: cert@k12.wa.us



Washington Office of Superintendent of
PUBLIC INSTRUCTION
**VERIFICATION OF GOOD STANDING FOR
 CERTIFICATES HELD IN OTHER STATES**

COMPLETE SECTION A ONLY, AND INCLUDE THIS FORM IN YOUR APPLICATION PACKET. DO NOT SEND THIS FORM TO THE STATE(S) IN WHICH YOU HAVE BEEN CERTIFIED.

SECTION A Carefully complete information in Section A only, indicating certificate type and number when possible.

| 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 BUSINESS () | | HOME () | | 6. E-MAIL |
| STATE | TYPE OF CERTIFICATION | | CERTIFICATE NUMBER | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

I, _____ certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. I hereby allow the above-mentioned state(s) to release the information concerning my certificate to the Office of Superintendent of Public Instruction.

_____/_____
Signature Date

SECTION B

WASHINGTON STATE CERTIFICATION OFFICE WILL PROCESS THE REMAINDER OF THIS FORM (IF NECESSARY)

The individual noted above holds or has held certification in your state. Washington Administrative Code requires that we have a statement from you confirming that none of his/her certificates held in your state have been suspended, surrendered, or revoked. DO NOT RETURN QUESTIONNAIRE TO APPLICANT.

I confirm that the above-named individual has never had a certificate suspended, surrendered, or revoked in this state.

I confirm that the above-named individual has had a certificate suspended, surrendered, or revoked. I have attached explanatory materials which fully disclose the reasons for such action. (Permission to provide this information is granted in the center portion of this form.)

| | |
|---------|-----------|
| AGENCY | DATE |
| ADDRESS | SIGNATURE |
| | TITLE |