
FOREIGN CREDENTIAL EVALUATION

Applicants who have been educated through a college/university outside the United States need to have their foreign documents translated (if necessary) and evaluated for equivalency to U.S. standards.

For candidates trying to obtain their first Washington certificate, the evaluation is required in addition to the application packet (4031). Individuals who have completed study and/or degree(s) in Canada **do not** need to complete a foreign credential evaluation.

The office of Superintendent of Public Instruction (OSPI) will accept translation and evaluation services from members of the National Association of Credential Evaluation Services (NACES). For a list of evaluation agencies, information regarding NACES, membership criteria, and NACES' guiding principles of good practice for educational credential evaluation, please visit <http://www.naces.org>.

Your foreign documents must be evaluated to determine:

- Whether or not you completed the equivalent of a U.S. bachelor's degree.
- Your degree major/subject area.

The above can usually be determined with a **document by document** evaluation from an approved agency. Individuals who are unable to obtain verification from their university using the Teacher College Recommendation (Form SPI 4030) will need to provide a **course by course** evaluation of their foreign documents.

CHECKLIST FOR FOREIGN CREDENTIALS EVALUATION

- Transcripts**
Enclose report of document evaluation from a member of the NACES with application for certification (4031 packet).
- Teacher College Recommendation**
Enclose Form SPI/CERT 4030, Teacher College Recommendation for Foreign-Trained Teachers with application for certification (4031 packet). Replace Form 4020E (in the application packet) with Form 4030.
- Application** – See application packet 4031 (separate packet)



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

TEACHER-COLLEGE RECOMMENDATION FOR FOREIGN-TRAINED TEACHERS

With the exception of the name, address and birthdate, this form **MUST** be completed and signed by the administrative official of the education department at the college/university where you completed your teacher training program. A stamped signature must be signed by the individual using the stamp. This form, when returned to you is to be included in your application packet in lieu of FORM SPI/CERT 4020E. You should remove FORM SPI/CERT 4020E from the teacher application packet, and replace it with this form.

| | |
|---------------------|------------------------------|
| COMPLETE LEGAL NAME | DATE OF BIRTH |
| ADDRESS | TELEPHONE NUMBER () |
| CITY/STATE/ZIP | |

YES NO

1. Is your college authorized by your state, province, or national government to train teachers?
2. Has this applicant completed your approved teacher education program?
3. If no, please explain and BE SPECIFIC if applicant lacks coursework, practice teaching, or certain other requirements particular to your approved program:
4. Date of program completion: _____
5. Was this applicant eligible to teach in your state, province, or country at the completion of his/her teacher education program?
6. Subject matter area(s) of specialization: _____
7. Subject(s), such as math, and age level(s), such as ages 5-12, 13-18, etc., in which PRACTICE TEACHING was completed: _____
8. Subject(s) applicant is recommended to teach: _____
9. Age levels applicant is recommended to teach: _____
10. If the applicant is an elementary teacher, has he/she completed significant study in an academic subject (for example, history)? If this individual completed considerable study in an academic subject, please indicate that subject: _____
11. Is there any reason you know of why this applicant should not be certified in the state of Washington? If yes, please explain: _____

It is my belief that this individual is competent and well prepared to teach effectively in the subject matter and age levels for which he/she was trained to teach.

College/University
Address

PRINTED NAME

SIGNATURE

DATE

TITLE (Administrative Official of Teacher Education Department of the College/University)

Telephone Number

RETURN COMPLETED FORM TO THE APPLICANT