



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](mailto:cert@k12.wa.us)

## INSTITUTIONAL VERIFICATION OF CAREER AND TECHNICAL EDUCATION (BUSINESS AND INDUSTRY ROUTE) PROGRAM COMPLETION AND CHARACTER

**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 completed 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: BUSINESS (            )				E-MAIL
HOME (            )				

### 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 program and/or 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>	
<p>A. Has this applicant completed your Washington state Professional Educator Standards Board approved CTE business and industry route program? Date of program completion. _____</p>	<p>A. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>B. Has the applicant completed a course in Work site learning coordination techniques <b>OR</b> has successfully demonstrated all competencies related to coordination techniques as verified by the professional educator standards board approved program (WAC 181-77-068)?</p>	<p>B. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>C. 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?</p>	<p>YES <input type="checkbox"/> List any reasons you know of why this applicant should not          NO <input type="checkbox"/> be certified in Washington. _____</p>
NAME OF WASHINGTON STATE APPROVED PROGRAM PROVIDER	DATE
ADDRESS	
CITY/STATE/ZIP	
TELEPHONE (            )	E-MAIL
NAME (PRINTED) AND TITLE (Program Administrator)	
<p>By signing this form I attest that the above information is true and accurate to the best of my knowledge.</p>	
SIGNATURE	

**RETURN COMPLETED FORM TO THE APPLICANT**