

Washington State Electronic Certificate System (E-Certification)

College and University Candidate User Guide

2026



Washington Office of Superintendent of
PUBLIC INSTRUCTION

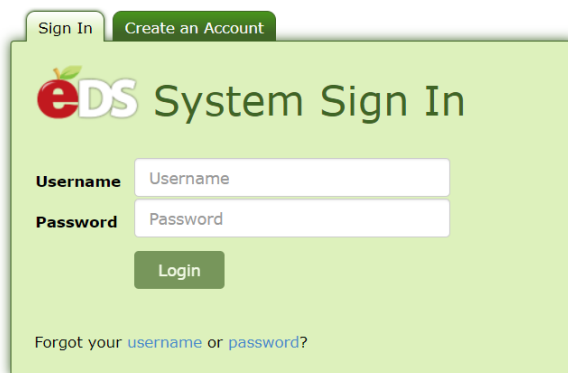
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Welcome

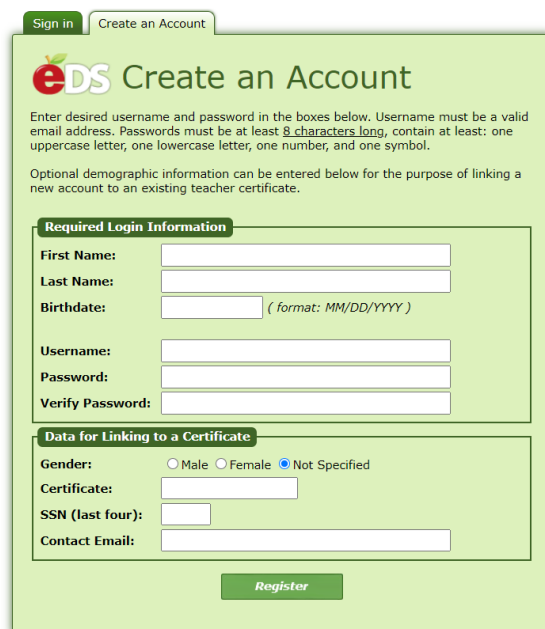
Welcome to the Washington State Educator Electronic Certification System (E-Certification). This user guide is designed to assist educators in navigating the E-Certification (eCert) platform. After logging in, educators will be able to update their profile, view their credentials, and access a variety of other features.

To Begin, Navigate to the [Education Data System \(EDS\) Login Page](#).



The screenshot shows the 'eDS System Sign In' page. At the top, there are two tabs: 'Sign In' (selected) and 'Create an Account'. The page has a light green background. The 'eDS' logo is on the left, and 'System Sign In' is on the right. Below the logo, there are two input fields: 'Username' and 'Password'. A green 'Login' button is centered below the password field. At the bottom, there is a link: 'Forgot your [username](#) or [password](#)?'.

First-Time User: Select the **Create an Account** tab



The screenshot shows the 'eDS Create an Account' page. At the top, there are two tabs: 'Sign In' and 'Create an Account' (selected). The page has a light green background. The 'eDS' logo is on the left, and 'Create an Account' is on the right. Below the logo, there is a text box with instructions: 'Enter desired username and password in the boxes below. Username must be a valid email address. Passwords must be at least 8 characters long, contain at least: one uppercase letter, one lowercase letter, one number, and one symbol.' Below this, there is another text box: 'Optional demographic information can be entered below for the purpose of linking a new account to an existing teacher certificate.' The page is divided into two sections: 'Required Login Information' and 'Data for Linking to a Certificate'. The 'Required Login Information' section has fields for 'First Name', 'Last Name', 'Birthdate' (with a format hint 'MM/DD/YYYY'), 'Username', 'Password', and 'Verify Password'. The 'Data for Linking to a Certificate' section has a 'Gender' section with radio buttons for 'Male', 'Female', and 'Not Specified' (selected), and fields for 'Certificate', 'SSN (last four)', and 'Contact Email'. A green 'Register' button is at the bottom.

Returning Users: Sign in or claim an existing account.

To claim an existing account, college and university candidates will need to provide **Required Login Information** and the **Data for Linking to a Certificate**. Educators may already have an account, even if they have not yet been issued a certificate. If an educator has never signed into EDS, they should complete as much information as possible in this section.

Home Page

The *Home Page* serves as the landing page for the educator upon logging into eCert. A pop-up with important information will appear; you must close this pop-up to view the rest of the home page. At the top of the home page, there are three tabs:

- **Home**-Directs you back to the home screen
- **My Credentials**-Displays credential information
- **Help**-Provides contact details for user assistance

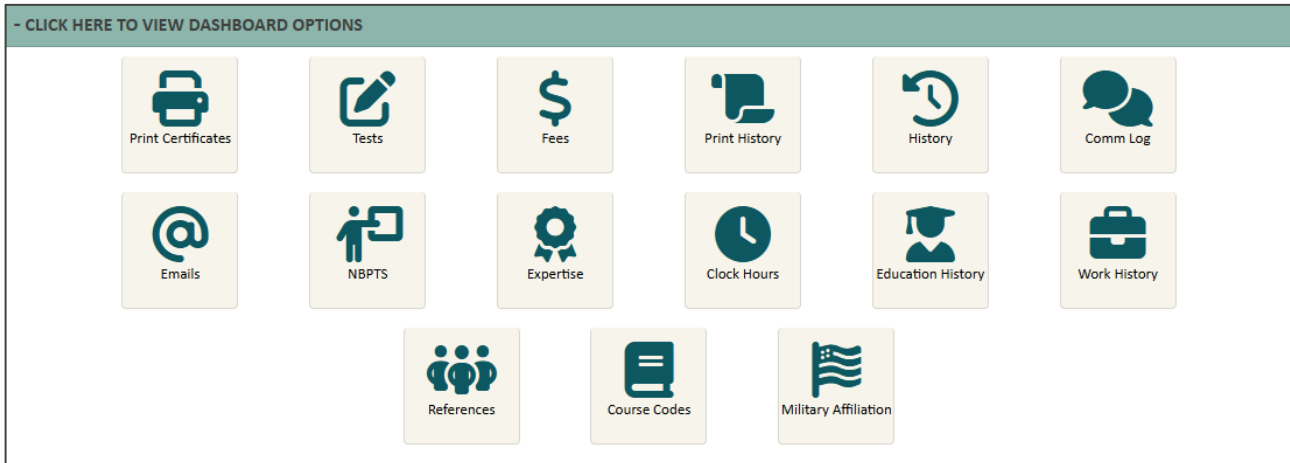
eCert Home Page

The screenshot shows the eCert Home Page for the Washington Office of Superintendent of Public Instruction. The header includes the logo, the office name, and a 'Welcome' message with a 'Sign Out' link. Below the header is a navigation bar with 'Home', 'My Credentials', and 'Help' tabs. A green bar with a plus icon and the text '+ CLICK HERE TO VIEW DASHBOARD OPTIONS' is visible. Below this is a section for user information, including fields for Full Name, WA Cert#, SSN, DOB, Gender, Former Last Name, Address, Address 2, City, State, Zip, Home Phone, Work Phone, Email, Status, Print Name, Educator ID, Login Name, Ethnicity, and Race. Below the user information is a section titled '+ EDUCATOR ACTION CENTER' containing three cards: 'Pre-Application Checklist', 'Apply for a Washington Credential Here', and 'Apply for a Paraeducator Certificate Here'. Each card has a 'Get Started' button.

The screenshot shows a dark green pop-up window titled 'Important Information' with a close button (X) in the top right corner. The text inside the pop-up reads 'Welcome to E-Certification'.

In addition to the *Home Page*, the educator will have access to both an *Action Center* and *Dashboard Options*. To explore these, simply scroll down and click on the relevant tile for the desired action. For additional options, select **click here to view dashboard options**. The displayed icons are explained in more detail later in the user guide.

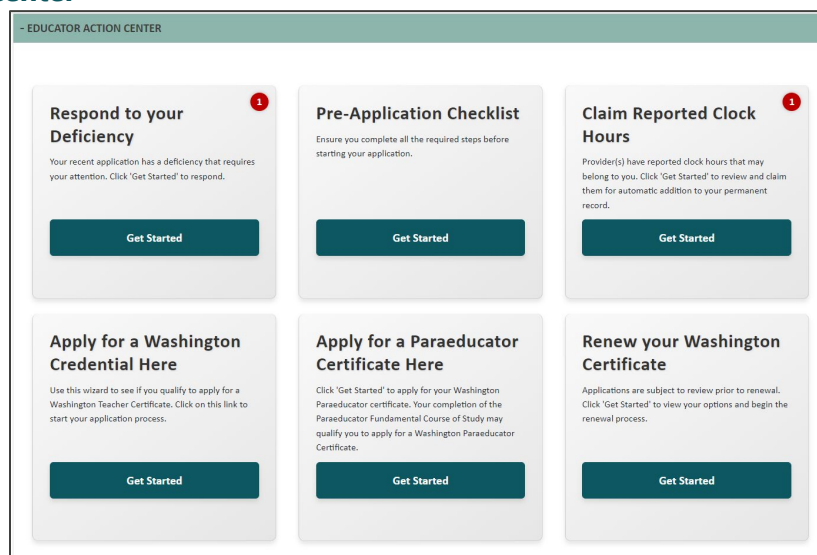
Dashboard Options



On the *Home Page*, you will find links that are relevant to your educator status. For example, when it's time to renew your certificate, a notification will appear, guiding you to a step-by-step wizard to assist with the renewal process. You will also have access to an *Action Center* that includes a Pre-Application Checklist and Claiming Reported Clock Hours, imported by an approved provider.

- The **Pre-Application Checklist** feature allows educators to input required information in advance, so those sections are prefilled during the application, streamlining the process and reducing the time needed to complete it.
- The **Respond to Your Deficiency** option allows an educator to respond electronically to a deficiency once the application has been reviewed by an evaluator. By responding to a deficiency, the application will automatically reopen for further review by an evaluator.
- The **Claim Reported Clock Hours** option allows an educator to claim imported clock hours and add them to their Clock Hours section of the system. This is explained further in detail in the Clock Hours sections of the user guide.

Educator Action Center

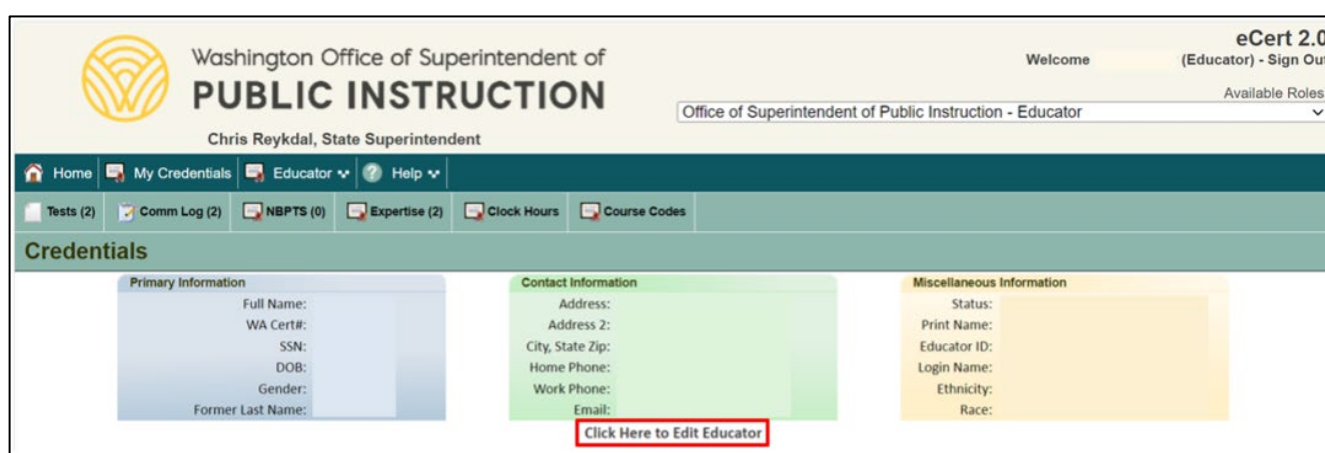


View My Credentials

By selecting **My Credentials** on the toolbar, educators can view both their current and past credential information. Selecting this tab displays the educator's record, showing submitted applications and issued certificates.



After selecting **My Credentials**, the educator will be taken to the *Credentials* screen. At the top of the screen, their primary, contact, and miscellaneous information will be displayed.



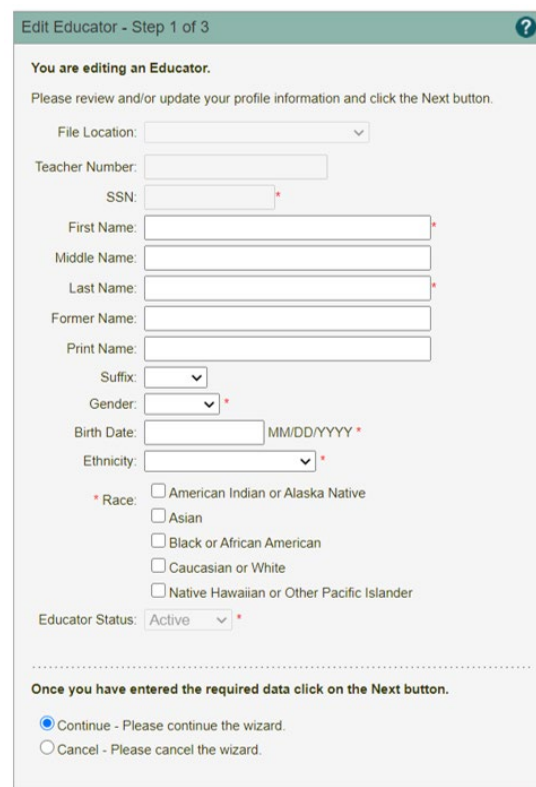
Edit Educator Information

An educator can update their information by selecting **Click Here to Edit Educator**. A three-step wizard launches, guiding the educator through each step.

Step 1

The first step allows the educator to update their profile information. For privacy, most information has been removed from the example. Fields marked with a red asterisk (*) are required. Some fields also include drop-down menus that allow the educator to select the appropriate option.

- Fill out all required fields.
- Follow date format when entering a date.
- To terminate the edit educator process, select **Cancel**. Then select **Next**.
- Once changes have been made, select **Next** to continue.



Step 2

The second step allows the educator to update their address, if applicable.

- Fill out all required fields.
- Follow date format when entering a date.
- To terminate the edit educator process, select **Cancel**. Then select **Next**.
- Once changes have been made, select **Next** to continue.

Edit Educator - Step 2 of 3

You are editing an Educator.

Please edit the address information and click the Next button.

Mailing Address: *

City: *

Country: *

State: *

Zip:

Once you have entered the required data click on the Next button.

☒ Continue - Please continue the wizard.

☐ Cancel - Please cancel the wizard.

Previous Next

Step 3

The third step allows the educator to change any contact information.

- Follow the numeric format when entering phone numbers.
- To terminate the edit educator process, select **Cancel**. Then select **Submit**.
- To return to the previous screen, select **Previous**.
- Select **Submit** to save Educator Information.

Edit Educator - Step 3 of 3

You are editing an Educator.

Please edit the contact information and click the Next button.

Work Phone: () -

Home Phone:

Fax Phone: () -

Email Address:

Once you have entered the required data click on the Next button.

☒ Save - Please save the profile information.

☐ Cancel - Please cancel the wizard

Previous Submit

The second section of the *Credentials* screen displays the educator's applications, certificates, endorsements, and deficiencies for the selected certificates. By choosing **Select** under **Certificates**, the corresponding endorsements and deficiencies will show in the appropriately labeled sections.

By selecting **Click here to show application history** next to **Applications**, the system will display all applications submitted by the educator. Similarly, selecting **Click here to show certificate history** next to **Certificates** will display all certificates—whether issued, expired, or deficient.

Credentials

Legacy

Click here to show application history

Applications

ID	Document	Description	Status	Source	Received	Fee	Pay Info	Balance
1431399	API	Advanced Paraeducator Application	OPEN	EDU	06/03/2024	SPEC PARA	CC-54.00	0.00

Click here to show certificate history

Certificates

Select	View	App ID	Certificate	Status	Recommend	App Date	Issued	Effective	Expires	Printed?	Permit
Select		1431399	ADVANCED PARAEDUCATOR	Pending Review		06/03/2024				--	
Select	View	1315205	ENGLISH LANGUAGE LEARNER SUBJECT MATTER PARAEDUCATOR	Issued	00001	05/20/2022	08/18/2022	08/18/2022	06/30/2028	08/19/2022	
Select	View	1315207	SPECIAL EDUCATION SUBJECT MATTER PARAEDUCATOR	Issued	00001	05/20/2022	08/18/2022	08/18/2022	06/30/2028	08/19/2022	
Select	View	1283185	GENERAL PARAEDUCATOR	Issued	00001	10/12/2021	01/18/2022	01/18/2022		01/19/2022	

Endorsements For Selected Certificate

App ID	Endorsement	Description	Status	Recommend	App Date	Issued	Effective	Expires

Deficiencies For Selected Certificate

View	Def	Printed Date
No Records Found		

Educator Dashboard Menu

Print Certificates

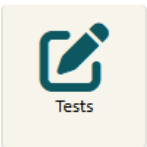
Print Certificates takes the educator to their credential details. By selecting this tile, they can view any issued or expired certificates and print an official copy of their Washington certificate.



- EDUCATOR PRINT CERTIFICATES		
This page displays certificates available for printing.		
CERTIFICATES AVAILABLE FOR PRINTING		
View/Print	Certificate	Certificate Status
	PROFESSIONAL TEACHER (RENEWAL)	Expired
	PROFESSIONAL TEACHER (RENEWAL)	Issued
	SUBSTITUTE TEACHER	Issued

Tests

Tests will launch the exams section. The user can view test information imported or added by an E-Certification Specialist. The Educator cannot modify or delete testing data. This is a view-only screen.



Main Tests Sub Tests					
Status	Test	Source	Test Date	Post Date	Import ?
Note: You cannot delete imported tests.					

Fees

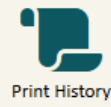
Fees tile allows the educator to view the fees they have submitted for applications. The Educator cannot modify or delete fee data. This is a view-only screen.



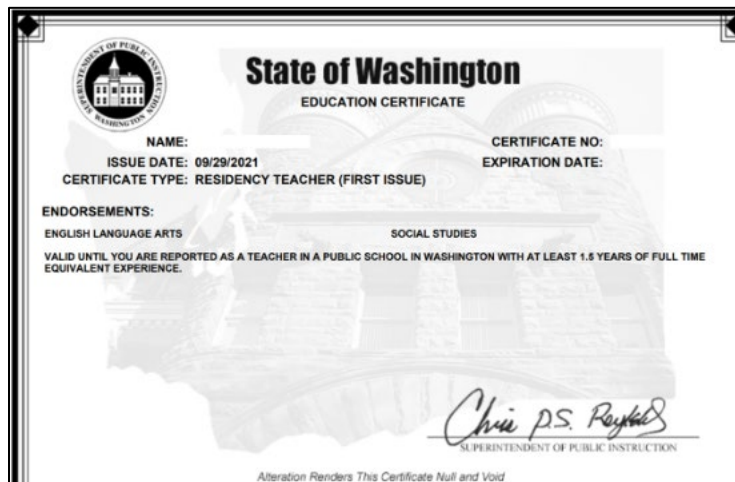
Fees								
View	ID	Method	Fee	Fee Status	App ID	App	Amount	Balance
View	554961	CC2	EMERSUB	Paid	1553046	4027	63.00	0.00
Note: You cannot edit or delete fees that are associated with a certificate or endorsement or have been batched. You cannot return fees that have not been batched.								

Print History

Print History displays and allows the educator to view a PDF copy of their certificate or any deficiency letter pertaining to their certification.

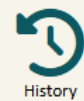


- EDUCATOR PRINT HISTORY					
This page displays certificate and deficiency/letter print history.					
CERTIFICATE PRINT HISTORY					
View/Print	WA Cert#	Educator	Certificate	Certificate Status	Printed Date
			RESIDENCY TEACHER (FIRST ISSUE)	Expired	8/21/2014 3:24:50 PM
			RESIDENCY TEACHER (FIRST ISSUE)	Expired	5/13/2015 2:34:06 PM
			RESIDENCY TEACHER	Expired	2/1/2017 5:24:32 AM
			RESIDENCY TEACHER (RENEWAL)	Expired	4/21/2020 6:06:03 AM
			RESIDENCY TEACHER (RENEWAL)	Issued	
DEFICIENCY/LETTER PRINT HISTORY					
View/Print	WA Cert#	Educator	Certificate	Certificate Status	Printed Date
			RESIDENCY TEACHER (RENEWAL)	Expired	3/31/2020 1:39:29 PM



History

History allows educators to view their personal information, such as name, address, and contact information. The Educator cannot modify or delete any History data. This is a view-only screen.



Educator History

Name

Address

Contact Information

Prefix

First

MI

Last

Maiden

Suffix

No Records Found

Name

Address

Contact Information

Incorrect Address

Address Source

Address1

Address2

Address Physical

City

State

Zip Code

Country

Non US State

No

eCert

WA

United States

No

eCert

WA

United States

No

eCert

WA

United States

No

eCert

WA

United States

No

eCert

WA

United States

No

eCert

WA

United States

No

eCert

WA

United States

Name

Address

Contact Information

Home Phone

Work Phone

Alternate Phone

Fax Phone

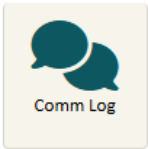
Email Address

Website

No Records Found

Communication Log

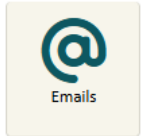
Comm log will display any notes pertaining to the educator, if applicable. The educator cannot modify or delete any Comm Log data. This is a view-only screen.



Communication Logs				
Filter by Type:				
Edit	Date	Type	Description	Delete
No Records Found				

Emails

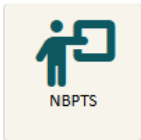
Emails will display automatic or prompted emails sent from the eCert system with certificate information.



- EDUCATOR EMAILS				
This page displays emails that have been created for the educator by the eCert system.				
EMAILS				
	Email Code/Template	To Address	Sent	Hold
☒	Application Submitted		☒	☐
☒	Reissue Eligibility		☐	☒
☒	Renewal Eligibility 2025		☒	☐
☒	Reissue Eligibility		☒	☐

National Board for Professional Teacher Standards (NBPTS)

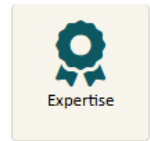
NBPTS will display NBPTS information. This is the imported data for your NBPTS certificate.



- NATIONAL BOARD FOR PROFESSIONAL TEACHING STANDARDS		
This page displays National Board for Professional Teaching Standards (NBPTS) certificate information reported to OSPI.		
NBPTS		
Abbreviated Cert. Area	Cert. Year	Cert. Expiration Date
EAYA/PE	2024	12/31/2029
EAYA/PE	2014	11/15/2024

Expertise

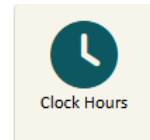
Expertise displays the educator's area of expertise. The educator cannot modify or delete any Expertise data. This is a view-only screen.



Expertise Information				
Source	Status	Endorsement	Grade	Expires

Clock Hours

By selecting **Clock Hours**, educators can view their individually added or approved provider-imported clock hours. In addition, educators can add, edit, and delete clock hour information.



Add Clock Hours

To add clock hours, select **+ Add Hours**. If you have pdEnroller or approved provider imported classes, data will appear in this section highlighted in blue. Educators cannot delete PdEnroller data.

- EDUCATOR PROFESSIONAL DEVELOPMENT (CLOCK HOURS)

CLOCK HOURS

+ Add Hours

This page displays your professional development (clock hours) recorded in the eCertification system, which may be applied toward renewal requirements.

You'll see classes that were:

- Entered manually by you
- Imported (highlighted in blue)
- Claimed through the *Claim Reported Clock Hours* wizard

Note: Please do not re-enter classes that were already imported by a provider.

Total hours checked:

Show

10

 entries

Search...

	Edit	Delete	Institution/Provider	Class/District	Credit Type	Type of Study	Check	Total Hours	Completed Date
☒			Academy Northwest	TEST	Clock Hours	General Study (Other)	☐	4000.00	02/20/2025
☒			Academy Northwest -Marysville	SUMMER2024	Clock Hours	General Study (Other)	☐	6.00	07/24/2024
☒			Academy for Creating Excellence- ACE	TEST	Clock Hours	General Study (Other)	☐	25.00	01/27/2023
☒			PD Enroller	OSPI All Staff DEI Training: Module 3	Clock Hours	General Study (Other)	☐	8.00	06/01/2022
☒			Academy Northwest & Main Campus	TEST	Clock Hours	General Study (Other)	☐	100.00	05/18/2022
☒			PD Enroller	OSPI All Staff DEI Training-Module 2	Clock Hours	General Study (Other)	☐	8.00	03/14/2022

By selecting **+ Add Hours**, eCert will launch the wizard steps to add hours:

- Enter information in all required fields symbolized by a red asterisk (*).
- Select the drop-down arrow to choose the appropriate available option.
- Use the specified format for entering dates.
- To terminate the wizard, select **Cancel**. Then select **Close Wizard**.
- To save clock hours, select **Save**.

Clock Hours Wizard-Type of Hours

EDUCATOR PROFESSIONAL DEVELOPMENT (CLOCK HOURS)

NAVIGATION STEPS

TYPE OF HOURS

PROVIDER INFORMATION

HOURS & CONTENT

Use this screen to enter your professional development (clock hours) hours.

Begin Date:

(Optional)

Completed Date:

*

Professional Development Type:

☐ Semester Credit

☐ Clock Hours

☐ Quarter Credit

☐ Other Hours

☐ Professional Growth Plan Hours (through June 30, 2018)

☐ Professional Growth Plan Hours (beginning July 1, 2018)

☐ Paraeducator Fundamental Course of Study

☐ Continuing Education Units - CEU

☐ STARS Hours

☐ Government to Government Hours

Cancel

Next

Clock Hours Wizard-Provider Information

EDUCATOR PROFESSIONAL DEVELOPMENT (CLOCK HOURS)

NAVIGATION STEPS

TYPE OF HOURS

PROVIDER INFORMATION

HOURS & CONTENT

Use this screen to enter your professional development (clock hours) hours.

Approved Provider:

*

Class Name:

*

Back

Cancel

Next

Clock Hours Wizard-Hours & Content

EDUCATOR PROFESSIONAL DEVELOPMENT (CLOCK HOURS)

NAVIGATION STEPS

TYPE OF HOURS

PROVIDER INFORMATION

HOURS & CONTENT

Use this screen to enter your professional development (clock hours) hours.

Clock Hours:

0

*

STEM Hours:

0

Equity Hours:

0

Leadership Hours:

0

Type of Study:

*

Suicide Prevention:

☐

Issues of Abuse:

☐

Comments:

Back

Cancel

Save

Edit Clock Hours

Selecting the **Edit Icon** (a green pencil) launches the Educator Clock Hours wizard. If applicable, follow the steps below.

- Make changes to already entered data.
- To terminate the wizard, select **Cancel**. Then select **Close Wizard**
- To save clock hours, select **Save**.

- EDUCATOR PROFESSIONAL DEVELOPMENT (CLOCK HOURS)

This page shows professional development (clock hours) entered into the eCertification system which may be used to meet renewal requirements. Classes shown will be ones entered by you into your account or imported classes taken directly from the provider (highlighted in blue). Please do not duplicate entry of classes imported from a provider.

CLOCK HOURS

+ Add Hours

Total hours checked:

Show

10

 entries

Search...

	Edit	Delete	Institution/Provider	Class/District	Credit Type	Type of Study	Check	Total Hours	Completed Date
			WA - Antioch University Seattle	Sunday 4	Semester Credit	General Study (Other)	☐	15.00	08/11/2024

Delete Clock Hours

Selecting the Delete Icon (a red X) opens a wizard to confirm deletion.

- Review information to verify deletion.
- To terminate the wizard, select **Cancel**.
- To delete clock hours, select **Yes, Delete**, and the entry will be removed from eCert.

- EDUCATOR PROFESSIONAL DEVELOPMENT (CLOCK HOURS)

This page shows professional development (clock hours) entered into the eCertification system which may be used to meet renewal requirements. Classes shown will be ones entered by you into your account or imported classes taken directly from the provider (highlighted in blue). Please do not duplicate entry of classes imported from a provider.

CLOCK HOURS

+ Add Hours

Total hours checked:

Show

10

 entries

Search...

	Edit	Delete	Institution/Provider	Class/District	Credit Type	Type of Study	Check	Total Hours	Completed Date
			WA - Antioch University Seattle	Sunday 4	Semester Credit	General Study (Other)	☐	15.00	08/11/2024

Delete Professional Development (Clock Hours)

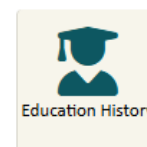
You are about to delete class record: **Sunday 4.**

Are you sure?

Yes, Delete
Cancel

Education History

By selecting **Education History**, the educator's education history will display, if applicable.

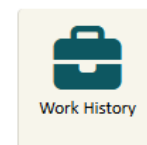


Education History									
Edit	Institution	Begin Date	End Date	Degree	Credits Earned	Post Grad. Credits Earned	Comments	Created	Delete
Edit	Seattle University	9/13/2010	12/13/2013	M	48.00	48.00			Delete
Edit	University of Toledo	8/19/2002	12/8/2006	B	148.00				Delete

Click Here to Add Education History

Work History

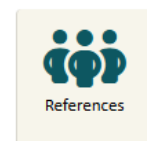
By selecting **Work History**, the educator's work history will display, if applicable.



Professional Education Experience									
Edit	Grades	Begin Date	End Date	District	City	State	No. of Days if Less Than Full-Time Employment	Created	Delete
No Records Found									
Click Here to Add Professional Education Experience									
Other Employment Experience									
Edit	Employer	Begin Date	End Date	Total Hours	Paid?	Position	Duties	Telephone Number	Immediate Supervisor
No Records Found									
Click Here to Add Other Employment Experience									

Character and Fitness References

By selecting **References**, the educator's character and fitness references will display, if applicable.



Name:
Mailing Address:
City:
State:
Zip:
Telephone Number:
Email Address:

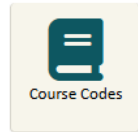
Name:
Mailing Address:
City:
State:
Zip:
Telephone Number:
Email Address:

Name:
Mailing Address:
City:
State:
Zip:
Telephone Number:
Email Address:

Click Here to Edit CFS Information

Course Codes

By selecting **Course Codes**, information is provided to identify which state course codes can be taught by each endorsement area, if applicable.



This page is for informational purposes only. Employers determine assignment and ensure compliance with state certification and licensure rules which may include other requirements or provisions for non-matching course assignments.

The Professional Educator Standards Board (PESB) sets state policy regarding matching of endorsements to state course codes, and state policy regarding non-matching course assignments. For additional information about assignment policy, please visit: <https://www.pesb.wa.gov/workforce-development/assignment/assignment-rules-and-lookup/>, email pesb@k12.wa.us, or call (360) 725-6275.

The information provided below identifies which state course codes can be taught by this endorsement in a matching teaching assignment. Course names and codes are published annually by CEDARS.

Please note that assignment policy includes requisites for the student program areas of Special Education, Career and Technical Education (CTE), and English Learners and are not reflected below. For questions regarding these program areas and assignment policy, please contact the Title II, Part A program office at title2quality@k12.wa.us or 360-725-6340.

Course Codes are only displayed for *issued and pending* credentials. Data is NOT displayed for expired or deficient credentials.

Current School Year 2024-2025 Next School Year 2025-2026

Military Affiliation

By selecting **Military Affiliation**, a wizard step will appear, allowing you to modify the already selected affiliation options. Check all that apply.



Military Affiliation - Step 1 of 1

Declare Your Military Affiliation

Please select your military affiliation. Check all that apply.

In accordance with SHB 1009, we are required to collect the information below. Please select the appropriate military affiliation option. If your status changes, you are required to update this information prior to submitting another application. You can do so by selecting the military affiliation option from your educator menu.

The intentional misrepresentation of a material fact in this form may subject the holder to certification investigation according to WAC 181-87 for unprofessional conduct.

☐ Active Duty
☐ Reserve
☐ National Guard
☐ Veteran
☐ Retiree
☐ Military Spouse
☐ None

Once you have answered, click on the Submit button.

☒ Submit
☐ Cancel - Please cancel the wizard.

Submit

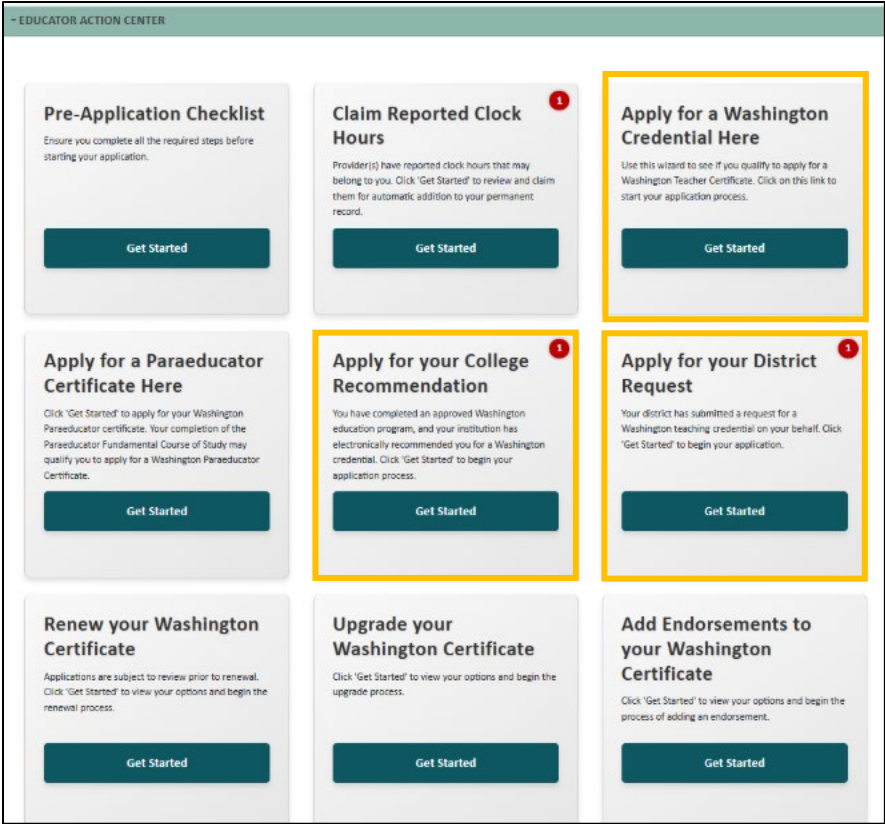
Applications & Wizards

Each application includes a wizard that guides educators through the submission process step by step. While each wizard is designed for a specific application, many steps are shared across different applications.

Most wizards follow a consistent format. Some fields use drop-down menus, some accept only numeric values, and most fields are required. Required fields are marked with a red asterisk (*). If a required field is left blank, an error message will explain what information is needed before the educator can continue.

For multi-step wizards, navigation buttons such as **Next**, **Previous**, and **Submit** appear at the bottom of the page to guide users through the process. Educators may also cancel the application by selecting **Cancel**. If an application is canceled, the educator must restart the application from the beginning to complete the certification process.

This user guide will walk educators through the college candidate options highlighted below and demonstrate how the application process works via step-by-step wizards. These examples will help educators understand how to navigate and complete any application process, regardless of the certificate they are applying for.



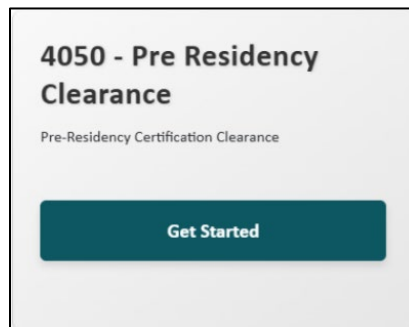
College Candidate Certificate Options

Pre-Residency Clearance Application

Pre-Residency Clearance allows college and university teacher candidates to be approved for field experience and student instruction placements in schools.

If you have previously held a Washington state certificate, you may see different application options based on your certification history. Most first-time candidates in a Washington state preparation program should apply for Pre-Residency Certification Clearance.

To apply, select **Get Started** under **Apply for a Washington Credential** and choose Pre-Residency Certification Clearance from the available options.



From here, the application wizard will guide you through each step of the process. Most of the steps are like those used for other certificate applications in eCert.

Because most first-time candidates do not have professional teaching experience, many sections and tables will be blank. In these cases, select **Yes, the information above is correct**.

Step 1: Application Overview

- Read the information about the Pre-Residency Application process.
- If you want to stop the application, select **Cancel**, then **Next**.
- To continue with the application, select **Next**.

The screenshot shows a web-based application wizard titled 'Pre-Residency Clearance 4050 - Step 1 of 19'. The main heading is 'You are requesting Pre-Residency Certificate Clearance.' Below this, a paragraph thanks the user for applying and explains the wizard's purpose. A 'NOTE' section states that the process is mandatory and will take about 15-30 minutes. A list of required information is provided, including 'There is no cost for this application' and 'Evidence regarding your good moral character and personal fitness.' A section titled 'THIS APPLICATION IS FOR AN INDIVIDUAL WHO WILL BE COMPLETING A STUDENT TEACHING OR INTERNSHIP IN A WASHINGTON SCHOOL.' follows. Another paragraph clarifies that the clearance does not cover employment in roles requiring a Washington Certificate. A final paragraph states that the user will indicate where they are completing their program of preparation. At the bottom, there are two radio buttons: 'Continue - Please continue the wizard.' (which is selected) and 'Cancel - Please cancel the wizard.' A 'Next' button with a right arrow is at the bottom right.

Step 2–6: Professional Experience

- Select **Yes** or **No** for each question.
- To exit the application without continuing, select **Cancel**.
- Select **Next** to proceed.

Washington Certification

The screenshot shows the second step of the application wizard, titled 'Pre-Residency Clearance 4050 - Step 2 of 19'. The heading is 'You are requesting Pre-Residency Certificate Clearance.' A paragraph states: 'The system has determined you do not have a Washington Certificate Number. Is this correct?'. Below this is a text input field labeled 'Your Washington State Certificate #:' with the text 'NOT ON FILE' entered. A section titled 'Once you have answered the question click on the Next button.' contains three radio buttons: 'No, the information above is not correct.', 'Yes, the information above is correct.' (which is selected), and 'Cancel - Please cancel the wizard.' At the bottom, there are 'Previous' and 'Next' buttons with left and right arrows respectively.

Department of Health (DOH) License

Pre-Residency Clearance 4050 - Step 3 of 19

You are requesting Pre-Residency Certificate Clearance.

Do you hold a Washington State DOH (Department of Health) License?

☒ No

☐ Yes

Once you have answered the question click on the Next button.

☒ Continue

☐ Cancel - Please cancel the wizard.

Previous Next

Employment Experience

Pre-Residency Clearance 4050 - Step 4 of 19

You are requesting Pre-Residency Certificate Clearance.

Is your employment experience correct? If you choose no, you will be redirected to a screen that will allow you to update/edit your employment experience and you will have to restart this process. Or you may continue the application and add this information later under Educator > Work History.

Professional Education Experience

Grades	Begin Date	End Date	District	City	State	No. of Days if Less Than Full-Time
No Records Found						

Other Employment Experience

Employer	Begin Date	End Date	Total Hours	Paid?	Position	Duties	Telephone Number	Supervisor Name/Address
No Records Found								

Once you have answered the question click on the Next button.

☐ No, the information above is not correct.

☒ Yes, the information above is correct.

☐ Cancel - Please cancel the wizard.

Previous Next

Education History

Pre-Residency Clearance 4050 - Step 5 of 19

You are requesting Pre-Residency Certificate Clearance.

Is your education experience correct? If you choose no, you will be redirected to a screen that will allow you to update/edit your education experience and you will have to restart this process. Or you may continue the application and add this information later under Educator > Education History.

Your Education Experience:

Institution	Begin Date	End Date	Degree	Credits Earned	Post Grad. Credits Earned
No Records Found					

Once you have answered the question click on the Next button.

☐ No, the information above is not correct.

☒ Yes, the information above is correct.

☐ Cancel - Please cancel the wizard.

Previous Next

Other State Certification

Pre-Residency Clearance 4050 - Step 6 of 19

You are requesting Pre-Residency Certificate Clearance.

List all states, other than Washington, in which you hold or have held educational certification.

Other State Certification:

Once you have answered the question click on the Next button.

☒ Continue

☐ Cancel - Please cancel the wizard.

Previous Next

Step 7: Select Your Preparation Program

- Select the in-state college or university preparation program you are attending or indicate that you are completing an out-of-state program.
- Select **Continue** and **Next** to move forward in the application.
- To exit the application without continuing, select **Cancel**.

Pre-Residency Clearance 4050 - Step 7 of 19

You are requesting Pre-Residency Certificate Clearance.

☐ I am completing a teacher preparation program from an out-of-state college/university.

Institution:

Approved Program:

Once you have answered the question click on the Next button.

☒ Continue - Please continue to save

☐ Cancel - Please cancel the wizard.

Previous Next

Steps 8–10: Update Your Profile Information.

- Complete any required fields, select the appropriate options from drop-down menus, applicable checkboxes, and enter dates and numbers in the specified format.
- Select **Previous** to return to the previous screen.
- To cancel the application, select **Cancel**, then **Next**.
- Select **Next** to continue.

Mailing Address

Pre-Residency Clearance 4050 - Step 9 of 19

You are requesting Pre-Residency Certificate Clearance.

Please edit the address information and click the Next button.

Mailing Address:

City:

Country:

State:

Zip:

Once you have entered the required data click on the Next button.

☒ Continue - Please continue the wizard.

☐ Cancel - Please cancel the wizard.

Previous Next

Profile Information

Pre-Residency Clearance 4050 - Step 8 of 19

You are requesting Pre-Residency Certificate Clearance.

Please review and/or update your profile information and click the Next button.

File Location:

Teacher Number:

SSN:

First Name:

Middle Name:

Last Name:

Former Name:

Print Name:

Suffix:

Gender:

Birth Date: MM/DD/YYYY

Ethnicity:

* Race: ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Caucasian or White
☐ Native Hawaiian or Other Pacific Islander

Educator Status:

Once you have entered the required data click on the Next button.

☒ Continue - Please continue the wizard.

☐ Cancel - Please cancel the wizard.

Previous Next

Contact Information

Pre-Residency Clearance 4050 - Step 10 of 19

You are requesting Pre-Residency Certificate Clearance.

Please edit the contact information and click the Next button.

Work Phone:

Home Phone:

Fax Phone:

Notification Email Address:

Once you have entered the required data click on the Next button.

☒ Save - Please save the profile information.

☐ Cancel - Please cancel the wizard.

Previous Next

Step 11: Complete the Affidavit

- Select the checkbox to electronically sign the affidavit.
- Answer all affidavit questions by selecting **Yes** or **No**.
- Select **Previous** to return to the previous screen.
- To cancel the application, select **Cancel**, then **Next**.
- Select **Next** to continue.

Steps 12–14: Complete the Criminal History and Fitness Questions

- Answer each question by selecting **Yes** or **No**.
- Select **Previous** to return to the previous screen.
- To cancel the application, select **Cancel**, then **Next**.
- Select **Next** to continue.

Section III-Criminal History

Pre-Residency Clearance 4050 - Step 13 of 19

You are requesting Pre-Residency Certificate Clearance.

Please complete the following questions carefully and completely before providing information and signing the affidavit.

Section III - Criminal History

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

☒ A. In the explanation box below state the following:

- A detailed statement including what occurred, the nature of the offense, charge or warrant
- The name and address of the arresting agency.
- If a court was involved, the name and address of the court.
- The date of the arrest.
- 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 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 the influence (DUI) occurring more than 5 years ago.

Yes	No	Question
☐	☐	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 the influence (DUI) 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.
☐	☐	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?
☐	☐	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.
☐	☐	4. Have you ever been convicted of any felony crime?
☐	☐	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.
☐	☐	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 in the explanation box below.

Once you have answered the questions click on the Next button.

☒ Continue - Please continue the wizard.

☐ Cancel - Please cancel the wizard.

Previous Next

Pre-Residency Clearance 4050 - Step 11 of 19

You are requesting Pre-Residency Certificate Clearance.

Affidavit:

☐ I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing and all information included in this application is true and correct. If the answers to any question on the application or the character and fitness supplement on the application change prior to my being granted certification, I must immediately notify Professional Certification at OSPI.

Once you have answered the question click on the Next button.

☒ Continue - Please continue the wizard.

☐ Cancel - Please cancel the wizard.

Previous Next

Section II-Professional Fitness

Pre-Residency Clearance 4050 - Step 12 of 19

You are requesting Pre-Residency Certificate Clearance.

Please complete the following questions carefully and completely before providing information and signing the affidavit.

Section II - Professional Fitness

Yes	No	Question
☐	☐	1. Have you ever held or do you currently hold a Washington education certificate?
☐	☐	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 in the explanation.
☐	☐	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," in the explanation box below, list the agency, including complete address and telephone number as well as the purpose of the investigation or inquiry.
☐	☐	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 voidance.)
☐	☐	5. Have you ever been denied, or otherwise rejected for cause, an education certificate, credential, or license?
☐	☐	6. Have you ever withdrawn an application for any education certificate, credential, or license?
☐	☐	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?
☐	☐	8. Have you ever been dismissed, discharged, or fired from any employment position involving children or dependent adults? (Do not include RIFs)
☐	☐	9. Have you ever resigned from or otherwise left any employment (e.g. settlement agreement) while allegations of misconduct were pending?
☐	☐	10. Have you ever been disciplined by a past or present employer because of allegations of misconduct?
☐	☐	11. Are you currently or have you ever been the subject of any investigation or inquiry by an employer because of allegations of misconduct?
☐	☐	12. Have you completed the Washington fingerprint background check within the last two years?

Once you have answered the questions click on the Next button.

☒ Continue - Please continue the wizard.

☐ Cancel - Please cancel the wizard.

Previous Next

Section IV-Fitness

Pre-Residency Clearance 4050 - Step 14 of 19

You are requesting **Pre-Residency Certificate Clearance**.

Please complete the following questions carefully and completely before providing information and signing the affidavit.

Section IV - Fitness

If you answer "yes" to any question (Section IV), provide a written explanation in the box below.

Yes	No	N/A	Question
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?
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.)
3. ☐	☐		In the last 10 years have you ever threatened to damage or destroy property?
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.)
5. ☐	☐		Have you ever threatened to do physical injury or harm to 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.)
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?
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?
7a. ☐	☐	☐	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 in the box below 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?
9a. ☐	☐	☐	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 in the box below 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.

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.

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?

Once you have answered the questions click on the **Next** button.

☒ Continue - Please continue the wizard.
☐ Cancel - Please cancel the wizard.

Previous

Next

Step 16: Character References

- Complete all required fields.
- Select the appropriate options from the drop-down lists.
- Select **Previous** to return to the previous screen.
- To cancel the application, select **Cancel**, then **Next**.
- Select **Next** to continue.

Pre-Residency Clearance 4050 - Step 16 of 19

You are requesting Pre-Residency Certificate Clearance.

Section V - Character References

Provide character information requested below.

.....

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

Character Reference 1

Name: *

Mailing Address: *

City: *

Country: *

State: *

Zip:

Phone Number:

E-mail Address:

Character Reference 2

Name: *

Mailing Address: *

City: *

Country: *

State: *

Zip:

Phone Number:

E-mail Address:

Character Reference 3

Name: *

Mailing Address: *

City: *

Country: *

State: *

Zip:

Phone Number:

E-mail Address:

.....

Once you have entered the information click on the Next button.

☒ Continue - Please continue the wizard.

☐ Cancel - Please cancel the wizard.

Previous Next

Step 17: Application Affidavit

- Read the affidavit and select the checkbox to electronically sign the affidavit
- Select **Previous** to return to the previous screen.
- To cancel the application, select **Cancel**, then **Next**.
- Select **Next** to continue.

Pre-Residency Clearance 4050 - Step 17 of 19

You are requesting Pre-Residency Certificate Clearance.

Please review and electronically sign the below 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, certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. The falsification Or deliberate misrepresentation, including omission, of any material fact shall be an act of unprofessional conduct for which the holder's certificate may be revoked.

.....

Once you have answered the question click on the Next button.

☒ Continue - Please continue the wizard.

☐ Cancel - Please cancel the wizard.

Previous Next

Step 18: Application Confirmation

- Review the application information for accuracy.
- To cancel the application, select **Cancel**, then **Next**.
- To continue, select **Apply- Please accept my application**, then **Next**.

Pre-Residency Clearance 4050 - Step 18 of 19

You are requesting Pre-Residency Certificate Clearance.

Please review the information below. Once you have reviewed the information click the Apply link. By clicking the Apply link you are electronically signing this application and authorizing the Washington State Office of Superintendent of Public Instruction to charge your credit card for the listed application amount.

Name: SSN: Birth Date:
 Gender: Former:
 Print Name: Ethnicity:

Mailing Address:
 City State, Zip:
 Country:

Home Phone:
 Email Address:

Amount:
 Authorization Code:

Once you have reviewed the information click on the Apply button to submit your credential application. After clicking Apply, it may take up to one minute to complete your transaction. Do not refresh the screen or click on any buttons or your application may not submit.

☒ Apply - Please accept my credential application.
☐ Cancel - Please cancel the wizard.

Apply 

Step 19: Experience Rating

- Select a star rating and, if desired, provide comments.
- Select **Submit** to finish the application and return to your credential screen.
- To skip this step, simply select **Submit**.

Pre-Residency Clearance 4050 - Step 19 of 19

You are requesting Pre-Residency Certificate Clearance.

Your online application has been submitted and your Pre-Residency Certificate Clearance is now pending review by a certification specialist. Applications are processed in the order they are received. Processing time during busy periods may take up to eight weeks.

Please rate your experience with this application.
 ☆ ☆ ☆ ☆ ☆

Comments:

Submit a Question

Submit 

Once you have completed the application and are cleared, your Pre-Residency Certificate Clearance will become available for viewing from your *Credentials* page.

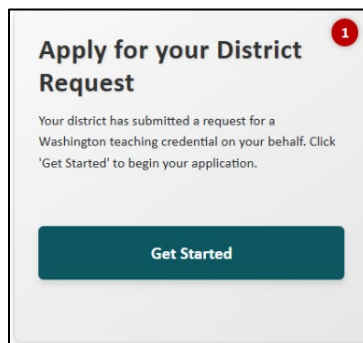
Credentials Legacy								
Click here to show application history		Applications						
ID	Document	Description	Status	Source	Received	Fee	Pay Info	Balance
1504897	4050	Pre Residency Clearance	OPEN	EDU	10/06/2025			

Intern Substitute Applications

In some cases, teacher candidates may qualify for an Intern Substitute certificate while completing their field experience.

This certificate is only available when a school district identifies a need and starts the application. The candidate's college or university preparation program must also approve the request. Candidates should confirm their eligibility with both the school district and preparation program before applying to help avoid unnecessary application fees or a denied application.

The application process begins with the school district. Once the request has been initiated, the candidate should log in to eCert and select **Get Started** under **Apply for your District Request**.



After selecting the Intern Substitute Credential application, the candidate will be guided through the process in eCert. To complete the application, the candidate must pay all required fees.

Step 1: Application Overview

- Read the information about the Intern Substitute Certificate Application process.
- If you want to stop the application, select **Cancel**, then **Next**.
- To continue with the application, select **Next**.

A screenshot of a wizard screen titled "Educator Intern Substitute Certificate 4028 - Step 1 of 19". The screen contains the following text: "You are requesting an Intern Substitute Certificate." followed by a thank you message and a note about the application process. It lists required information: credit card information, evidence of good moral character, and approval of the candidate. At the bottom, there are two radio buttons: "Continue - Please continue the wizard." (selected) and "Cancel - Please cancel the wizard." A "Next" button with a right arrow is at the bottom right.

Step 2–5: Professional Experience

- Select **Yes** or **No** for each question.
- To exit the application without continuing, select **Cancel**.
- Select **Next** to proceed.

Department of Health (DOH) License

Educator Intern Substitute Certificate 4028 - Step 3 of 19

You are requesting an Intern Substitute Certificate.

Do you hold a Washington State DOH (Department of Health) License?

☒ No

☐ Yes

Once you have answered the question click on the Next button.

☒ Continue

☐ Cancel - Please cancel the wizard.

Previous Next

Education History

Educator Intern Substitute Certificate 4028 - Step 5 of 19

You are requesting an Intern Substitute Certificate.

Is your education experience correct? If you choose no, you will be redirected to a screen that will allow you to update/edit your education experience and you will have to restart this process. Or you may continue the application and add this information later under Educator > Education History.

Your Education Experience:

Institution	Begin Date	End Date	Degree	Credits Earned	Post Grad. Credits Earned
No Records Found					

Once you have answered the question click on the Next button.

☐ No, the information above is not correct.

☒ Yes, the information above is correct.

☐ Cancel - Please cancel the wizard.

Previous Next

Washington Certification

Educator Intern Substitute Certificate 4028 - Step 2 of 19

You are requesting an Intern Substitute Certificate.

The system has determined you do not have a Washington Certificate Number. Is this correct?

Your Washington State Certificate #:

NOT ON FILE

Once you have answered the question click on the Next button.

☐ No, the information above is not correct.

☒ Yes, the information above is correct.

☐ Cancel - Please cancel the wizard.

Previous Next

Other State Certification

Educator Intern Substitute Certificate 4028 - Step 4 of 19

You are requesting an Intern Substitute Certificate.

List all states, other than Washington, in which you hold or have held educational certification.

Other State Certification:

Once you have answered the question click on the Next button.

☒ Continue

☐ Cancel - Please cancel the wizard.

Previous Next

Step 6: Upload Documentation

- Upload any requested documents by selecting **Add Attachment**.
- To exit the application without continuing, select **Cancel**.
- Select **Next** to proceed.

Steps 7–9: Update Your Profile Information.

- Complete any required fields, select the appropriate options from drop-down menus, applicable checkboxes, and enter dates and numbers in the specified format.
- Select **Previous** to return to the previous screen.
- To cancel the application, select **Cancel**, then **Next**.
- Select **Next** to continue.

Mailing Address

Educator Intern Substitute Certificate 4028 - Step 8 of 19

You are requesting an Intern Substitute Certificate.

Please edit the address information and click the Next button.

Mailing Address:

City:

Country:

State:

Zip:

Once you have entered the required data click on the Next button.

☒ Continue - Please continue the wizard.

☐ Cancel - Please cancel the wizard.

Previous Next

Contact Information

Educator Intern Substitute Certificate 4028 - Step 9 of 19

You are requesting an Intern Substitute Certificate.

Please edit the contact information and click the Next button.

Work Phone: () -

Home Phone:

Fax Phone: () -

Notification Email Address:

Once you have entered the required data click on the Next button.

☒ Save - Please save the profile information.

☐ Cancel - Please cancel the wizard.

Previous Next

Educator Intern Substitute Certificate 4028 - Step 6 of 19

You are requesting an Intern Substitute Certificate.

You may now upload any requested documents that you have completed and had signed by the appropriate organization. All documents must be provided in Adobe Portable Document Format (PDF).

If you are unable to upload completed documents or do not have the completed documents at this time, you may email or mail the requested documents to one of the following addresses.

cert@k12.wa.us

OR

Professional Certification
PO Box 47200
Olympia, WA 98504-7200

View	Description	Page Count	Create Info
View	Intern Sub	4	
View	Intern Sub	4	
View	Intern Sub	1	

Add Attachment

Once you have uploaded all documents click on the Next button.

☒ Continue - Please continue the wizard.

☐ Cancel - Please cancel the wizard.

Previous Next

Profile Information

Educator Intern Substitute Certificate 4028 - Step 7 of 19

You are requesting an Intern Substitute Certificate.

Please review and/or update your profile information and click the Next button.

File Location:

Teacher Number:

SSN:

First Name:

Middle Name:

Last Name:

Former Name:

Print Name:

Suffix:

Gender:

Birth Date: MM/DD/YYYY

Ethnicity:

Race: ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Caucasian or White
☐ Native Hawaiian or Other Pacific Islander

Educator Status:

Once you have entered the required data click on the Next button.

☒ Continue - Please continue the wizard.

☐ Cancel - Please cancel the wizard.

Previous Next

Step 10: Complete the Affidavit

- Select the checkbox to electronically sign the affidavit.
- Answer all affidavit questions by selecting **Yes** or **No**.
- Select **Previous** to return to the previous screen.
- To cancel the application, select **Cancel**, then **Next**.
- Select **Next** to continue.

Steps 11–13: Complete the Criminal History and Fitness Questions

- Answer each question by selecting **Yes** or **No**.
- Select **Previous** to return to the previous screen.
- To cancel the application, select **Cancel**, then **Next**.
- Select **Next** to continue.

Section III- Criminal History

Educator Intern Substitute Certificate 4028 - Step 12 of 19

You are requesting an Intern Substitute Certificate.

Please complete the following questions carefully and completely before providing information and signing the affidavit.

Section III - Criminal History

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

A. In the explanation box below state the following:

- A detailed statement including what occurred, the nature of the offense, charge or warrant
- The name and address of the arresting agency.
- If a court was involved, the name and address of the court.
- The date of the arrest.
- 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 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) or minor in consumption (MIC) occurring more than 2 years ago or driving under the influence (DUI) occurring more than 5 years ago.

Yes	No	Question
☐	☐	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) or minor in consumption (MIC) occurring more than 2 years ago or driving under the influence (DUI) 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.
☐	☐	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?
☐	☐	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.
☐	☐	4. Have you ever been convicted of any felony crime?
☐	☐	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.
☐	☐	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 in the explanation box below.

Once you have answered the questions click on the Next button.

☒ Continue - Please continue the wizard.

☐ Cancel - Please cancel the wizard.

Previous Next

Educator Intern Substitute Certificate 4028 - Step 10 of 19

You are requesting an Intern Substitute Certificate.

Affidavit:

☐ I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing and all information included in this application is true and correct. If the answers to any question on the application or the character and fitness supplement on the application change prior to my being granted certification, I must immediately notify Professional Certification at OSPi.

Once you have answered the question click on the Next button.

☒ Continue - Please continue the wizard.

☐ Cancel - Please cancel the wizard.

Previous Next

Section II-Professional Fitness

Educator Intern Substitute Certificate 4028 - Step 11 of 19

You are requesting an Intern Substitute Certificate.

Please complete the following questions carefully and completely before providing information and signing the affidavit.

Section II - Professional Fitness

Yes	No	Question
☐	☐	1. Have you ever held or do you currently hold a Washington education certificate?
☐	☐	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 in the explanation.
☐	☐	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," in the explanation box below, list the agency, including complete address and telephone number as well as the purpose of the investigation or inquiry.
☐	☐	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 voidance.)
☐	☐	5. Have you ever been denied, or otherwise rejected for cause, an education certificate, credential, or license?
☐	☐	6. Have you ever withdrawn an application for any education certificate, credential, or license?
☐	☐	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?
☐	☐	8. Have you ever been dismissed, discharged, or fired from any employment position involving children or dependent adults? (Do not include RIFs)
☐	☐	9. Have you ever resigned from or otherwise left any employment (e.g. settlement agreement) while allegations of misconduct were pending?
☐	☐	10. Have you ever been disciplined by a past or present employer because of allegations of misconduct?
☐	☐	11. Are you currently or have you ever been the subject of any investigation or inquiry by an employer because of allegations of misconduct?
☐	☐	12. Have you completed the Washington fingerprint background check within the last two years?

Once you have answered the questions click on the Next button.

☒ Continue - Please continue the wizard.

☐ Cancel - Please cancel the wizard.

Previous Next

Section IV-Fitness

Educator Intern Substitute Certificate 4028 - Step 13 of 19
?

You are requesting an Intern Substitute Certificate.

Please complete the following questions carefully and completely before providing information and signing the affidavit.

Section IV - Fitness

If you answer "yes" to any question (Section IV), provide a written explanation in the box below.

Yes	No	N/A	Question
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?
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.)
3. ☐	☐		In the last 10 years have you ever threatened to damage or destroy property?
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.)
5. ☐	☐		Have you ever threatened to do physical injury or harm to 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.)
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?
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?
7a. ☐	☐	☐	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 in the box below 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?
9a. ☐	☐	☐	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 in the box below 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.

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.

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?

Once you have answered the questions click on the Next button.

☒ Continue - Please continue the wizard.
☐ Cancel - Please cancel the wizard.

← Previous
Next →

Step 15: Character References

- Complete all required fields.
- Select the appropriate options from the drop-down lists.
- Select **Previous** to return to the previous screen.
- To cancel the application, select **Cancel**, then **Next**.
- Select **Next** to continue.

Educator Intern Substitute Certificate 4028 - Step 15 of 19

You are requesting an Intern Substitute Certificate.

Section V - Character References

Provide character information requested below.

.....

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

Character Reference 1

Name: *

Mailing Address: *

City: *

Country: *

State: *

Zip:

Phone Number:

E-mail Address:

Character Reference 2

Name: *

Mailing Address: *

City: *

Country: *

State: *

Zip:

Phone Number:

E-mail Address:

Character Reference 3

Name: *

Mailing Address: *

City: *

Country: *

State: *

Zip:

Phone Number:

E-mail Address:

.....

Once you have entered the information click on the Next button.

☒ Continue - Please continue the wizard.

☐ Cancel - Please cancel the wizard.

[Previous](#) [Next](#)

Step 16: Application Affidavit

- Read the affidavit and select the checkbox to electronically sign the affidavit
- Select **Previous** to return to the previous screen.
- To cancel the application, select **Cancel**, then **Next**.
- Select **Next** to continue.

Educator Intern Substitute Certificate 4028 - Step 16 of 19

You are requesting an Intern Substitute Certificate.

Please review and electronically sign the below 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, certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. The falsification Or deliberate misrepresentation, including omission, of any material fact shall be an act of unprofessional conduct for which the holder's certificate may be revoked.

.....

Once you have answered the question click on the Next button.

☒ Continue - Please continue the wizard.

☐ Cancel - Please cancel the wizard.

[Previous](#) [Next](#)

Step 18: Payment Gateway

- Select **Save Application and Continue to Payment**
- Then, select **OK** on the Confirm Save and Payment pop-up to submit the application and be redirected to the payment gateway.

Educator Intern Substitute Certificate 4028 - Step 18 of 18

You are requesting an Intern Substitute Certificate.

Please review your application information before continuing. When you continue, eCert will save your application, then direct you to complete payment. Your payment status will remain unpaid until payment is successfully completed.

Name:
SSN:
Birth Date:
Print Name:

Mailing Address:
City State, Zip:

Home Phone:
Email Address:

Amount: **\$63.00**

Click Save and Continue to Payment to save your application and fee information. You will be redirected to the secure payment gateway to complete payment.

☒ Save Application & Continue to Payment
☐ Cancel - Please cancel the wizard.

Previous Save and Continue to Payment

Confirm Save and Payment

Click OK to save your application and be redirected to the secure payment gateway. Failure to complete payment will result in a fee deficiency and delays in application evaluation.

The fee for this application is \$63.00. Please have your credit card ready. Mastercard, Visa, and Discover are accepted forms of payment.

American Express is **NOT** accepted.



OK Cancel

Completing a Payment

Step 1: Customer Details

- Complete any required fields.
- Select **Continue** to move to the next screen.

Washington Office of Superintendent of
PUBLIC INSTRUCTION

Welcome to payment processing for Certification. Please enter your details below and press Continue to proceed.

Customer Details Payment Details Review Thank You

Enter Your Details

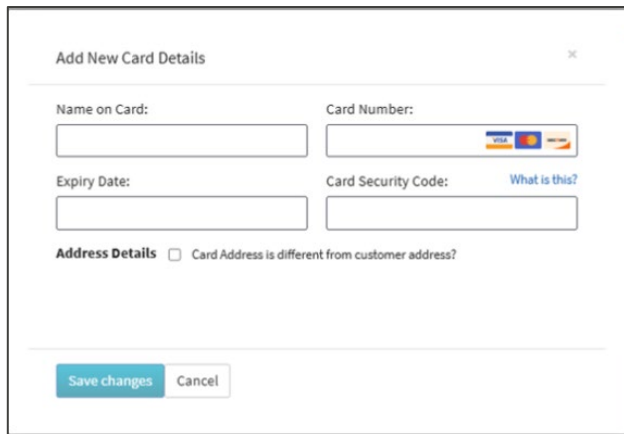
Account Number:
Email Address:

First Name (Optional): Last Name:
Is Address Overseas:
Address Line 1 (Optional):
Address Line 2 (Optional): City (Optional):
State (Optional): Zip (Optional):

Continue

Step 2: Payment Details

- Select the **Payment Method** drop-down.
- Pick the **New Card Account** option
- Select **Confirm** to open the credit card details pop-up.
- Add the credit card details in the pop-up.
- Review and **Confirm** the payment.



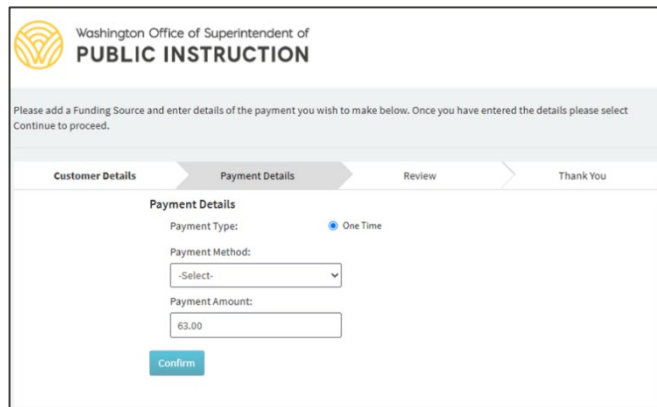
Add New Card Details

Name on Card: Card Number: 

Expiry Date: Card Security Code: [What is this?](#)

Address Details ☐ Card Address is different from customer address?

[Save changes](#) [Cancel](#)



Washington Office of Superintendent of
PUBLIC INSTRUCTION

Please add a Funding Source and enter details of the payment you wish to make below. Once you have entered the details please select Continue to proceed.

Customer Details Payment Details Review Thank You

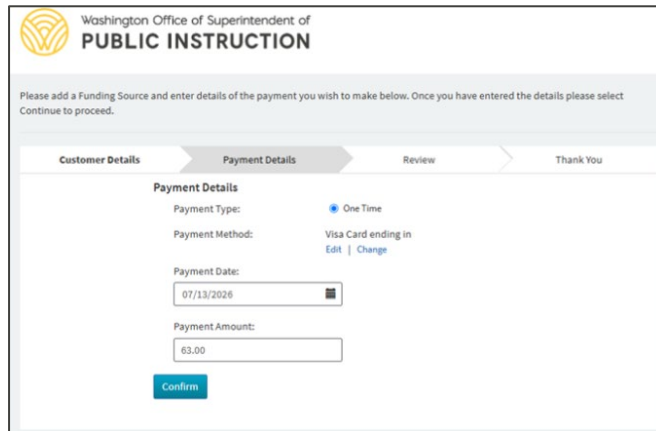
Payment Details

Payment Type: ☒ One Time

Payment Method:

Payment Amount:

[Confirm](#)



Washington Office of Superintendent of
PUBLIC INSTRUCTION

Please add a Funding Source and enter details of the payment you wish to make below. Once you have entered the details please select Continue to proceed.

Customer Details Payment Details Review Thank You

Payment Details

Payment Type: ☒ One Time

Payment Method: Visa Card ending in [Edit](#) [Change](#)

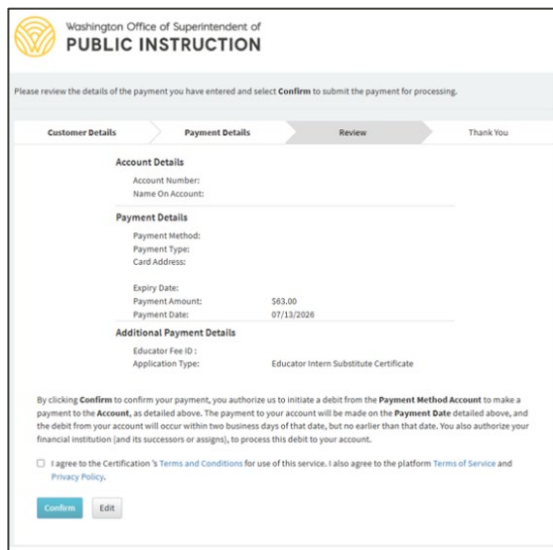
Payment Date: 

Payment Amount:

[Confirm](#)

Step 3: Review and Submit

- Review your payment information for accuracy.
- **Check the box** to agree to the Terms of Service and Privacy Policy.
- Select **Edit** to change information.
- Select **Confirm** to submit the payment.



Washington Office of Superintendent of
PUBLIC INSTRUCTION

Please review the details of the payment you have entered and select **Confirm** to submit the payment for processing.

Customer Details Payment Details Review Thank You

Account Details

Account Number:

Name On Account:

Payment Details

Payment Method:

Payment Type:

Card Address:

Expiry Date:

Payment Amount:

Payment Date:

Additional Payment Details

Educator Fee ID:

Application Type:

By clicking **Confirm** to confirm your payment, you authorize us to initiate a debit from the **Payment Method Account** to make a payment to the **Account**, as detailed above. The payment to your account will be made on the **Payment Date** detailed above, and the debit from your account will occur within two business days of that date, but no earlier than that date. You also authorize your financial institution (and its successors or assigns), to process this debit to your account.

☐ I agree to the Certification's [Terms and Conditions](#) for use of this service. I also agree to the platform [Terms of Service](#) and [Privacy Policy](#).

[Confirm](#) [Edit](#)

Step 4: Return to eCert for Application Status

After making a successful payment, select **return to eCert** from the payment page, and you will be redirected to the *Educator Action Center*. Select the *My Credentials* tab to view the application status.

After the candidate submits the application, the OSPI Professional Certification Department will review it and verify approval of the Intern Substitute certificate.

Once approved, the certificate will be issued electronically through eCert. The candidate, school district, and college or university program administrator can view and print the certificate.

The Intern Substitute certificate is valid for up to two years, as indicated by the expiration date on the certificate. It allows the candidate to serve as a substitute teacher for the classroom in which they are completing their field experience when the regular teacher is absent.

Washington Office of Superintendent of
PUBLIC INSTRUCTION

Your payment has been successfully processed. Please make a note of the confirmation number shown below or print this page for your records. A confirmation email has also been sent to the email address shown below. Please call us on 1-800-725-6400 if there is a problem with this payment. Click [return to eCert](#) to go back to our website.

Customer Details > Payment Details > Review > Thank You

Confirmation Number:

Account Details

Name On Account:
Email Address:

Payment Details

Payment Method:
Payment Type:
Card Address:

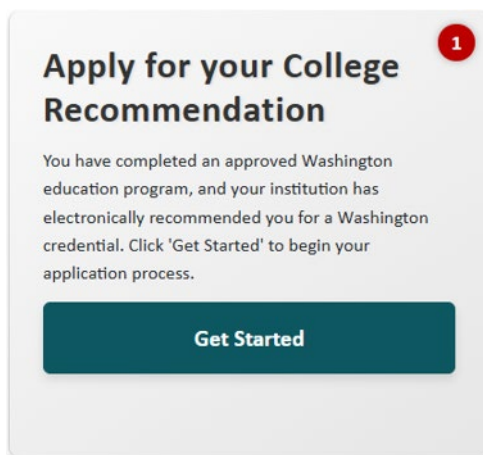
Payment Amount: 563.00
Payment Date: 07/13/2026

Additional Payment Details

Educator Fee ID:
Application Type: Educator Intern Substitute Certificate

Apply for Your College Recommendation

If applicable, the following link will appear on the Educator's Action Center.



To apply for your college recommendation, select **Get Started** on the **Apply for Your Washington College Recommendation** tile.

The Educator Recommendation List will open. Select **Apply for Credential** to begin your application if the program status is **Completed Program**.

If the status is **Pre-Completion of Program**, contact your college or university before applying.

Educator Recommendation List					
College Recommendations Awaiting Application					
Application	Certificate	Status	Institution	Recommended	Apply
4201 - Institutional Admin	A320815 - RESIDENCY ADMINISTRATOR (RENEWAL)	Pre Completion of Program	WA-Central Washington University	4/19/2021	Contact Institution
1535 - WA Institution Endorsement App	T230700 - CONTINUING TEACHER	Completed Program	WA-Central Washington University		Apply For Credential
4401 - Institutional Teaching	T310600 - RESIDENCY TEACHER (FIRST ISSUE)	Completed Program	WA-Central Washington University	4/19/2021	Apply For Credential

If the above credential is in a **Pre-Completion of Program** status then your institution has not marked your recommendation complete at this time. Please contact your recommending institution for more information on what you need to do to complete the program.

If your certificate is in the Program Complete status it is eligible for application. You can apply for it by clicking the Apply For Credential link to the right of the certificate.

Selecting **Apply for Credential** starts the application wizard.

Follow the instructions on each step. Depending on the information you provide, some steps may be skipped automatically.

The example below shows one type of recommendation application. Although recommendation types vary, the application process is similar, and the wizard will display the steps and information required for your specific recommendation.

Step 1: Application Overview

- Read the information about the Educator Recommendation Application process.
- If you want to stop the application, select **Cancel**, then **Next**.
- To continue with the application, select **Next**.

Educator Recommendation Application 4401 - Step 1 of 19 ?

You are applying for the certificate recommended by your institution.

Thank you for choosing to apply for your Washington educator certificate! The following wizard will walk you through the application process and gather the information needed to process your request.

NOTE: Once the application process has been started, you must fully complete and submit the application. If you stop in the middle, you will complete all application screens again. We anticipate that this process will take you approximately 15-30 minutes, so please ensure that you have enough time to complete the application.

You will need the following information in order to complete your application:

- Credit card information to pay for your application.
- Evidence regarding your good moral character and personal fitness. Depending on your answers to the character and fitness supplement questions, you may be asked to provide additional information, either in written form or an upload of an electronic document in Adobe Portable Document File (PDF) format.
- A list of all states where you hold, or have held, an educator certification.
- A list of every community college and four-year institution you have attended since graduating from high school. This information should be filled out before completing your application under My Credentials > Educator > Educator History.
- A list of public school and/or private school work experience. This information should be filled out before completing your application under My Credentials > Educator > Work History > Professional Education Experience.
- A list of other employment experience. This information should be filled out before completing your application under My Credentials > Educator > Work History > Other Employment Experience.

Once you have read the above click on the Next button.

☒ Continue - Please continue the wizard.

☐ Cancel - Please cancel the wizard.

Next



Step 3: Professional Experience

- Select **Yes** or **No** for each question.
- To exit the application without continuing, select **Cancel**.
- Select **Next** to proceed.

Educator Recommendation Application 4401 - Step 3 of 19 ?

You are applying for the certificate recommended by your institution.

Do you hold a Washington State DOH (Department of Health) License?

☒ No

☐ Yes

Once you have answered the question click on the Next button.

☒ Continue

☐ Cancel - Please cancel the wizard.



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Next



Steps 7–9: Update Your Profile Information.

- Complete any required fields, select the appropriate options from drop-down menus, applicable checkboxes, and enter dates and numbers in the specified format.
- Select **Previous** to return to the previous screen.
- To cancel the application, select **Cancel**, then **Next**.
- Select **Next** to continue.

Mailing Address

Educator Recommendation Application 4401 - Step 8 of 19

You are applying for the certificate recommended by your institution.
Please update your address information and click the Next button.

Mailing Address:

City:

Country:

State:

Zip:

Once you have entered the required data click on the Next button.

☒ Continue - Please continue the wizard.

☐ Cancel - Please cancel the wizard.

Previous Next

Profile Information

Educator Recommendation Application 4401 - Step 7 of 19

You are applying for the certificate recommended by your institution.
Please review and/or update your profile information and click the Next button.

File Location:

Teacher Number:

SSN:

First Name:

Middle Name:

Last Name:

Former Name:

Print Name:

Suffix:

Gender:

Birth Date: MM/DD/YYYY

Ethnicity:

* Race:

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Caucasian or White

☐ Native Hawaiian or Other Pacific Islander

Educator Status:

Once you have entered the required data click on the Next button.

☒ Continue - Please continue the wizard.

☐ Cancel - Please cancel the wizard.

Previous Next

Contact Information

Educator Recommendation Application 4401 - Step 9 of 19

You are applying for the certificate recommended by your institution.
Please edit the contact information and click the Next button.

Work Phone: () -

Home Phone:

Fax Phone: () -

Notification Email Address:

Once you have entered the required data click on the Next button.

☒ Save - Please save the profile information.

☐ Cancel - Please cancel the wizard

Previous Next

Step 10: Complete the Affidavit

- Select the checkbox to electronically sign the affidavit.
- Answer all affidavit questions by selecting **Yes** or **No**.
- Select **Previous** to return to the previous screen.
- To cancel the application, select **Cancel**, then **Next**.
- Select **Next** to continue.

Steps 11–13: Complete the Criminal History and Fitness Questions

- Answer each question by selecting **Yes** or **No**.
- Select **Previous** to return to the previous screen.
- To cancel the application, select **Cancel**, then **Next**.
- Select **Next** to continue.

Educator Recommendation Application 4401 - Step 10 of 19

You are applying for the certificate recommended by your institution.

Please review and electronically sign the below affidavit.

Affidavit:

☐ I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. If the answers to any question on the application or the moral character and personal fitness section of the application change prior to my being granted certification, I must notify the college/university certification office or the organization program director immediately.

Once you have answered the question click on the **Next** button.

☒ Continue - Please continue the wizard.

☐ Cancel - Please cancel the wizard.

Previous Next

Section II-Professional Fitness

Educator Recommendation Application 4401 - Step 11 of 19

You are applying for the certificate recommended by your institution.

Please complete the following questions carefully and completely before providing information and signing the affidavit.

Section II - Professional Fitness

Yes	No	Question
☐	☐	1. Have you ever held or do you currently hold a Washington education certificate?
☐	☐	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 in the explanation.
☐	☐	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," in the explanation box below, list the agency, including complete address and telephone number as well as the purpose of the investigation or inquiry.
☐	☐	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.)
☐	☐	5. Have you ever been denied, or otherwise rejected for cause, an education certificate, credential, or license?
☐	☐	6. Have you ever withdrawn an application for any education certificate, credential, or license?
☐	☐	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?
☐	☐	8. Have you ever been dismissed, discharged, or fired from any employment position involving children or dependent adults? (Do not include RIFs)
☐	☐	9. Have you ever resigned from or otherwise left any employment (e.g. settlement agreement) while allegations of misconduct were pending?
☐	☐	10. Have you ever been disciplined by a past or present employer because of allegations of misconduct?
☐	☐	11. Are you currently or have you ever been the subject of any investigation or inquiry by an employer because of allegations of misconduct?
☐	☐	12. Have you completed the Washington fingerprint background check within the last two years?

Once you have answered the questions click on the **Next** button.

☒ Continue - Please continue the wizard.

☐ Cancel - Please cancel the wizard.

Previous Next

Section III-Criminal History

Educator Recommendation Application 4401 - Step 12 of 19



You are applying for the certificate recommended by your institution.

Please complete the following questions carefully and completely before providing information and signing the affidavit.

Section III - Criminal History

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

- ☐ A. In the explanation box below state the following:
- A detailed statement including what occurred, the nature of the offense, charge or warrant
 - The name and address of the arresting agency.
 - If a court was involved, the name and address of the court.
 - The date of the arrest.
 - 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 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 the influence (DUI) occurring more than 5 years ago.

- | Yes | No | Question |
|-----------------------|-----------------------|---|
| ☐ | ☐ | 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 the influence (DUI) 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. |
| ☐ | ☐ | 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? |
| ☐ | ☐ | 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. |
| ☐ | ☐ | 4. Have you ever been convicted of any felony crime? |
| ☐ | ☐ | 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. |
| ☐ | ☐ | 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 in the explanation box below. |

Once you have answered the questions click on the Next button.

- ☒ Continue - Please continue the wizard.
- ☐ Cancel - Please cancel the wizard.

Previous

Next

Section IV-Fitness

Educator Recommendation Application 4401 - Step 13 of 19



You are applying for the certificate recommended by your institution.

Please complete the following questions carefully and completely before providing information and signing the affidavit.

Section IV - Fitness

If you answer "yes" to any question (Section IV), provide a written explanation in the box below.

- | Yes | No | N/A | Question |
|-----------------------|-----------------------|-----------------------|---|
| ☐ | ☐ | ☐ | 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? |
| ☐ | ☐ | ☐ | 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.) |
| ☐ | ☐ | ☐ | 3. In the last 10 years have you ever threatened to damage or destroy property? |
| ☐ | ☐ | ☐ | 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.) |
| ☐ | ☐ | ☐ | 5. Have you ever threatened to do physical injury or harm to 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.) |
| ☐ | ☐ | ☐ | 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? |
| ☐ | ☐ | ☐ | 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? |
| ☐ | ☐ | ☐ | 7a. 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 in the box below and provide the name, address, and telephone number of the program. |
| ☐ | ☐ | ☐ | 8. Do you currently use illegal drugs? |
| ☐ | ☐ | ☐ | 9a. 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 in the box below 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.

- ☐ ☐ 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.

- ☐ ☐ 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?

Once you have answered the questions click on the Next button.

- ☒ Continue - Please continue the wizard.
- ☐ Cancel - Please cancel the wizard.

Previous

Next

Step 15: Character References

- Complete all required fields.
- Select the appropriate options from the drop-down lists.
- Select **Previous** to return to the previous screen.
- To cancel the application, select **Cancel**, then **Next**.
- Select **Next** to continue.

Educator Recommendation Application 4401 - Step 15 of 19

You are applying for the certificate recommended by your institution.

Section V - Character References
Provide character information requested below.

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

Character Reference 1

Name: *

Mailing Address: *

City: *

Country: *

State: *

Zip:

Phone Number:

E-mail Address:

Character Reference 2

Name: *

Mailing Address: *

City: *

Country: *

State: *

Zip:

Phone Number:

E-mail Address:

Character Reference 3

Name: *

Mailing Address: *

City: *

Country: *

State: *

Zip:

Phone Number:

E-mail Address:

Once you have entered the information click on the Next button.

☒ Continue - Please continue the wizard.

☐ Cancel - Please cancel the wizard.

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Step 16: Application Affidavit

- Read the affidavit and select the checkbox to electronically sign the affidavit
- Select **Previous** to return to the previous screen.
- To cancel the application, select **Cancel**, then **Next**.
- Select **Next** to continue.

Educator Recommendation Application 4401 - Step 16 of 19

You are applying for the certificate recommended by your institution.

Please review and electronically sign the below 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, certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. The falsification Or deliberate misrepresentation, including omission, of any material fact shall be an act of unprofessional conduct for which the holder's certificate may be revoked.

Once you have answered the question click on the Next button.

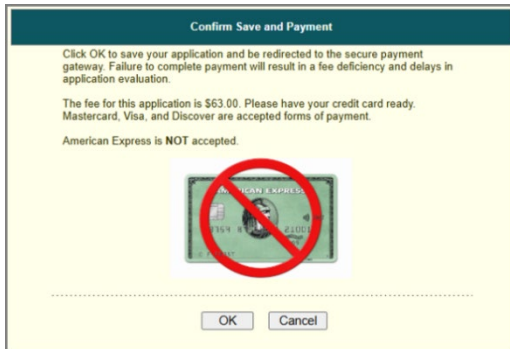
☒ Continue - Please continue the wizard.

☐ Cancel - Please cancel the wizard.

[Previous](#) [Next](#)

Step 18: Payment Gateway

- Select **Save Application and Continue to Payment**
- Then, select **OK** on the Confirm Save and Payment pop-up to submit the application and be redirected to the payment gateway.



Educator Recommendation Application 4401 - Step 18 of 18

You are applying for the certificate recommended by your institution.

Please review your application information before continuing. When you continue, eCert will save your application, then direct you to complete payment. Your payment status will remain unpaid until payment is successfully completed.

Name:
SSN:
Birth Date:
Print Name:

Mailing Address:
City State, Zip:

Home Phone:
Email Address:

Amount: **\$93.00**

Click **Save and Continue to Payment** to save your application and fee information. You will be redirected to the secure payment gateway to complete payment.

☒ Save Application & Continue to Payment
☐ Cancel - Please cancel the wizard.

Previous Save and Continue to Payment

Completing a Payment

Step 1: Customer Details

- Complete any required fields.
- Select **Continue** to move to the next screen.

Washington Office of Superintendent of
PUBLIC INSTRUCTION

Welcome to payment processing for Certification. Please enter your details below and press Continue to proceed.

Customer Details Payment Details Review Thank You

Enter Your Details

Account Number:
Email Address:
First Name (Optional): Last Name:
☐ Is Address Overseas
Address Line 1 (Optional):
Address Line 2 (Optional): City (Optional):
State (Optional): Zip (Optional):

Continue

Step 2: Payment Details

- Select the **Payment Method** drop-down.
- Pick the **New Card Account** option
- Select **Confirm** to open the credit card details pop-up.
- Add the credit card details in the pop-up.
- Review and **Confirm** the payment.

Washington Office of Superintendent of
PUBLIC INSTRUCTION

Please add a Funding Source and enter details of the payment you wish to make below. Once you have entered the details please select Continue to proceed.

Customer Details Payment Details Review Thank You

Payment Details

Payment Type: ☒ One Time

Payment Method:
-Select-

Payment Amount:
63.00

Confirm

Add New Card Details

Name on Card: Card Number: 

Expiry Date: Card Security Code: [What is this?](#)

Address Details ☐ Card Address is different from customer address?

[Save changes](#) [Cancel](#)

**Washington Office of Superintendent of
PUBLIC INSTRUCTION**

Please add a Funding Source and enter details of the payment you wish to make below. Once you have entered the details please select Continue to proceed.

Customer Details **Payment Details** **Review** **Thank You**

Payment Details

Payment Type: ☒ One Time

Payment Method: ☐ Visa Card ending in [Edit](#) | [Change](#)

Payment Date: 07/13/2026 

Payment Amount: 63.00

[Confirm](#)

Step 3: Review and Submit

- Review your payment information for accuracy.
- **Check the box** to agree to the Terms of Service and Privacy Policy.
- Select **Edit** to change information.
- Select **Confirm** to submit the payment.

**Washington Office of Superintendent of
PUBLIC INSTRUCTION**

Please review the details of the payment you have entered and select **Confirm** to submit the payment for processing.

Customer Details **Payment Details** **Review** **Thank You**

Account Details

Account Number:
Name On Account:

Payment Details

Payment Method:
Payment Type:
Card Address:

Expiry Date:
Payment Amount: 563.00
Payment Date: 07/13/2026

Additional Payment Details

Educator Fee ID:
Application Type: Educator Intern Substitute Certificate

By clicking **Confirm** to confirm your payment, you authorize us to initiate a debit from the **Payment Method Account** to make a payment to the **Account**, as detailed above. The payment to your account will be made on the **Payment Date** detailed above, and the debit from your account will occur within two business days of that date, but no earlier than that date. You also authorize your financial institution (and its successors or assigns), to process this debit to your account.

☐ I agree to the Certification's [Terms and Conditions](#) for use of this service. I also agree to the platform [Terms of Service](#) and [Privacy Policy](#).

[Confirm](#) [Edit](#)

Step 4: Return to eCert for Application Status

After making a successful payment, select **return to eCert** from the payment page, and you will be redirected to the *Educator Action Center*. Select the *My Credentials* tab to view the application status.

**Washington Office of Superintendent of
PUBLIC INSTRUCTION**

Your payment has been successfully processed. Please make a note of the confirmation number shown below or print this page for your records. A confirmation email has also been sent to the email address shown below. Please call us on 1-360-725-6400 if there is a problem with this payment. Click [return to eCert](#) to go back to our website.

Customer Details **Payment Details** **Review** **Thank You**

Confirmation Number:

Account Details

Name On Account:
Email Address:

Payment Details

Payment Method:
Payment Type:
Card Address:

Payment Amount: 563.00
Payment Date: 07/13/2026

Additional Payment Details

Educator Fee ID:
Application Type: Educator Intern Substitute Certificate

Contact Information

If anyone has questions regarding information in this user guide, reach out to the OSPI Professional Certification Department at the contact information below.

OSPI Professional Certification Department

PO Box 47200, Olympia, WA 98504

cert@k12.wa.us

360-725-6400

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Chris Reykdal | State Superintendent
Office of Superintendent of Public Instruction
Old Capitol Building | P.O. Box 47200
Olympia, WA 98504-7200