Washington Office of Superintendent of
PUBLIC INSTRUCTION

Professional Certification
Old Capitol Building, P.O. Box 47200 | 600 Washington St. SE | Olympia, WA 98504
(360)-725-3631 TTY | (360)-725-6400 | cert@k12.wa.us

Educational Interpreter Certification Form 4150-F:
Verification of Employment

Use this form to verify your employment as an educational interpreter in Washington state **before September 1, 2026**, to help determine your eligibility for an Initial Educational Interpreter Certificate under WAC 181-79A-223(11)(a)(ii)(B). Complete the applicant section, then have an authorized representative from your employer verify your employment information and complete all applicable fields. Completing this form does not guarantee certification. You must meet all other certification requirements. Submit the completed form by uploading it to your E-Certification account during the application process, emailing it to the OSPI Professional Certification Department at cert@k12.wa.us, or mailing it to the department with the application, other applicable documents, and fees.

Section I: Applicant Information		
Legal Name (Last, First, Middle):	Other Name(s):	Date of Birth:
WA Educator ID or Certificate Number (if available):		Phone:
Address (Including City, State, Zip):		Email:

Section II: Applicant Employment History

To be completed based on personnel records by the superintendent, human resources representative, personnel director, college/university administrator, or other authorized employer designee at the school district, private school, educational institution, agency, or other organization where the applicant was employed. **Return the completed form to the applicant for submission with their Washington State Educational Interpreter certification application.**

Name of School District, Organization, Agency:			
Employment Start Date:	Employment End Date:	or ☐	Currently Employed
Position Title:			
Did the applicant work as an educational interpreter for deaf or hard-of-hearing students?		☐ Yes	☐ No
Was the employment performed in Washington state?		☐ Yes	☐ No
Employer Address:		Phone:	
City, State, Zip:		Email:	

Section II: Employer Affidavit

☐ By checking this box, I certify (or declare) under penalty of perjury under the laws of the State of Washington that I am authorized to verify employment records for the employer identified above. I confirm that the information provided on this form is accurate and that the applicant was employed as an educational interpreter in Washington state during the dates indicated. I understand that checking this box constitutes my electronic signature and that I am signing this form electronically.

Employer First and Last Name (Printed):	Title:
_____ Signature of Employer	_____ Date