
RESIDENCY ADMINISTRATOR REISSUANCE APPLICATION

Attention: Total fee amounts due with this application include a \$39 OSPI processing fee.

REISSUANCE OF THE RESIDENCY ADMINISTRATOR

This application is for those who hold a residency principal or program administrator certificate and have completed two years of service in the role.

EXCERPT FROM REGULATION WAC 181-79A-145:

(2) (b) The first issue of a residency certificate for teachers, principals, program administrators, and educational staff associates shall be valid until the holder has completed two years of successful service in the role in Washington with a school district, state approved private school, or state agency that provides educational services for students. When the teacher, principal, program administrator, or educational staff associate completes two years of successful service in the role in the state their residency certificate will be reissued with a five-year expiration date. Prior to the expiration date, the candidate must earn a professional certificate or meet residency renewal requirements under WAC 181-79A-250(2)(b) and (c).

PRINCIPAL OR PROGRAM ADMINISTRATOR APPLICATION INSTRUCTIONS:

\$39 OSPI processing fee required. Attach check to reissuance form and mail to:

Fiscal Office
Office of Superintendent of Public Instruction
Old Capitol Building
PO Box 47200
Olympia, WA 98504-7200

When all requirements have been documented, the OSPI Professional Certification office will reissue the residency administrator certificate and mail you a certificate with a defined expiration date.



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Certification
 OLD CAPITOL BUILDING, PO BOX 47200
 OLYMPIA WA 98504-7200
 (360) 725-6400 TTY (360) 664-3631
 Web Site: <http://www.k12.wa.us/certification/>
 E-Mail: cert@k12.wa.us

APPLICATION FOR REISSUANCE OF THE RESIDENCY ADMINISTRATOR CERTIFICATE

Complete Section I of this form. If you have ever completed two years of certificated employment as an administrator in Washington, send the form to the school district or private school where you were employed. This form, when returned to you, is to be submitted to OSPI at the above address.

SECTION I

TO BE COMPLETED BY APPLICANT				
1. NAME	LAST	FIRST	MIDDLE	MAIDEN/FORMER NAME
2. ADDRESS			3. DATE OF BIRTH	
CITY/STATE/ZIP			4. SOCIAL SECURITY NO. (OPTIONAL)	
5. TELEPHONE: BUSINESS ()			6. E-MAIL	
HOME ()				
7. Have you ever held a Washington teacher, administrator, or educational staff associate certificate? If yes, what was your certificate number?				7. <input type="checkbox"/> YES <input type="checkbox"/> NO
8. Have you ever completed two years of employment as an administrator, specific to your role at a public school or approved private school in Washington? <input type="checkbox"/> YES <input type="checkbox"/> NO		If the answer to #8 was YES... answer #9 and #10, and give this form to the employer to complete Section II.		9. DATE COMPLETED
				10. EMPLOYER
AFFIDAVIT				
I, _____, certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. The intentional misrepresentation of a material fact in this form subjects the holder to revocation of his/her certificate.				
_____ Signature		_____ Date		_____ City/State

SECTION II

TO BE COMPLETED BY EMPLOYER OR DESIGNEE WHERE APPLICANT COMPLETED PROVISIONAL STATUS (2 YEARS) EMPLOYMENT		
Based on personnel records, this statement MUST be prepared and signed by the superintendent or the personnel director of the school district or approved private school where the applicant was employed. Stamped signatures MUST be initialed by the individual using the stamp. <u>Please return the completed form directly to the applicant.</u>		
SCHOOL DISTRICT/PRIVATE SCHOOL NAME	APPLICANT'S POSITION TITLE	DATE OF EMPLOYMENT
HAS APPLICANT COMPLETED TWO YEARS OF SUCCESSFUL EMPLOYMENT IN THIS ROLE SINCE ISSUANCE OF THE RESIDENCY CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		(IF YES) DATE COMPLETED TWO YEARS
HAS APPLICANT RETURNED FOR A THIRD YEAR AFTER COMPLETION OF THE ABOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO		ROLE: <input type="checkbox"/> PRINCIPAL <input type="checkbox"/> PROGRAM ADMINISTRATOR
ADDRESS		TELEPHONE
CITY/STATE/ZIP		FAX
NAME (PRINTED) AND TITLE		E-MAIL
SIGNATURE		DATE SIGNED