



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION  
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## CAREER AND TECHNICAL EDUCATION CERTIFICATE VERIFICATION OF SPECIFIC SAFETY

**USE THIS FORM ONLY IF YOU HAVE NOT COMPLETED A COLLEGE/UNIVERSITY STATE-APPROVED CAREER AND TECHNICAL EDUCATION TRAINING PROGRAM.**

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 (       )		HOME (       )		E-MAIL

Career and technical education teaching program area \_\_\_\_\_

Answer the following:

1. What safety training have you had for this occupation?
  
  
  
  
  
  
  
  
  
  
  
2. List safety and hygiene issues related to this specific occupation or trade.
  
  
  
  
  
  
  
  
  
  
  
3. How would you teach safety to secondary students for this specific occupation or trade?
  
  
  
  
  
  
  
  
  
  
  
4. How will you document or verify that students understand and follow safety practices in a classroom lab?

Attach additional pages if necessary.