



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 WASHINGTON STATE ADMINISTRATOR CERTIFICATION

Please complete the following questions and sign the affidavit.

Role requested:

- ☐ Principal
☐ Program Administrator

Certificate requested:

- ☐ Five-year Residency Renewal
☐ Three-year Residency Renewal

Each certificate (role) requested requires a separate fee payment.

Please provide your full, legal name.

1. NAME	LAST	FIRST	MIDDLE	MAIDEN/FORMER NAME
2. ADDRESS				3. DATE OF BIRTH
CITY/STATE/ZIP				4. SOCIAL SECURITY NO. (OPTIONAL)
5. TELEPHONE				6. E-MAIL
BUSINESS ()				HOME ()

7. What is your Washington educational certificate number?

8. Have you held an educational certificate in another state? If yes, list all such states here.

8. ☐ YES ☐ NO

Complete Form SPI/CERT 4020C if you
do not hold a currently valid Washington
certificate.

9. If you are applying for a five-year residency Administrator renewal, you must complete 4 PGPs or 100 clock hours or credit equivalent.

☐ I am verifying completion of the required clock hours/course work for renewal in my eCertification account.

10. Your Residency Administrator certificate expires 2019 or earlier and you are applying for the three year renewal.

☐ My Residency Administrator certificate expires 2019 or earlier and I am applying for the three year renewal.

11. **Five-Year Residency Administrator Renewal ONLY:** List the continuing education credit hours and/or professional growth plan (s) you completed within the last five years in the space below and provide the additional information requested.

Institution or School District	Location City/State	Dates		Course Title (or list as PGP)	Continuing Ed. Earned (Amount)		
		Start	End		Clock Hours	Quarter Credits	Semester Credits

ATTACH ADDITIONAL SHEETS IF NECESSARY

Note - For educators holding multiple certificates, a PGP for teacher, administrator, or educational staff associate shall meet the requirement for all certificates held by an individual. Additionally, individuals completing fewer than four annual PGPs must complete necessary continuing education credits to be the equivalent of one hundred clock hours.

Clock Hour Equivalents: 1 quarter credit = 10 clock hours, 1 semester credit = 15 clock hours; 1 PGP until 6-30-18 = 30 clock hours; 1 PGP as of 7-1-18 = 25 clock hours.

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 change prior to my being granted certification, I must immediately notify Professional Certification at OSPI.

Signature

Date

City/State

THIS FORM MUST BE INCLUDED IN THE APPLICATION PACKET.