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

CTE Certification Form 4075H:
Teaching Experience Verification

Fill out this form to record teaching experience in a specialty area. Fill out Section I and send the form to your employer(s). Include the completed form in your application with a copy of all out-of-state certificates. If the documents are coded, include a copy of the official explanation code.

Biomedical Science (V260102) and Health Science Biotechnology (V261202) Hours Note: *Must meet all requirements above and may use all 6,000 hours of teaching experience in biology. Please submit form 4075H.*

STEM (V141000) Hours Note: *Must meet all requirements above and may use all 6,000 hours of teaching experience in science, technology, engineering, and math. Please submit form 4075H.*

Section I: Applicant Information

Legal Name (Last, First, Middle):	Other Name(s):	Date of Birth:
Address:	WA Cert. Number:	
City, State, Zip:	Phone: Email:	

Section II: Applicant Employment History

Based on personnel records, this must be filled out and signed by the CTE Administrator of the school district where the applicant was employed. If verifying experience for more than one employer, send this form to each employer. Stamped signatures must be initialed by the individual using the stamp, and additional pages can be attached if necessary.

School District:

Dates Employed: TO | Total Number of Hours of Service:

CIP Code	# of Teaching Hours	Start Date	End Date	Classroom Title

Employer Address:	Phone:
City, State, Zip:	Email:
Employer's Printed Name:	Title:

Section II: Affidavit

I, _____, certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing and all information included on this form is true and correct to the best of my knowledge.

_____	_____
Signature of Employer	Date