



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Education and Certification
 Old Capitol Building, PO BOX 47200
 OLYMPIA WA 98504-7200
 (360) 725-6400 TTY (360) 664-3631
 Web Site: www.k12.wa.us/cert
 E-Mail: cert@ospi.wednet.edu

DISTRICT REQUEST FOR INTERN SUBSTITUTE CERTIFICATE

SECTION A

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 ()		
				6. E-MAIL

SECTION B

TO BE COMPLETED BY DISTRICT SUPERINTENDENT OR PERSONNEL DIRECTOR ONLY

IMPORTANT

WAC 180-79A-231(6) Intern substitute teacher certificate.

School districts and approved private schools may request intern substitute teacher certificates for persons enrolled in student teaching/internships to serve as substitute teachers in the absence of the classroom teacher. The supervising college or university must approve the candidate for the intern substitute teacher certificate. Such certificated substitutes may be called at the discretion of the school district or approved private school to serve as a substitute teacher only in the classroom(s) to which the individual is assigned as a student teacher/intern. The intern substitute teacher certificate is valid for one year, or less, as evidenced by the expiration date which is printed on the certificate.

To be signed by the superintendent of schools, personnel director, or private school administrator.

I understand that persons with an intern substitute certificate may be assigned as a substitute only in the absence of his/her designated cooperating/mentor teacher(s).

I hereby request that _____ be granted certification for service to be performed in the _____ **in the classroom(s) in which student teaching is to be performed.**

(applicant's name) (school district/ESD/private school)

NAME OF SCHOOL DISTRICT/ESD/PRIVATE SCHOOL	DATE
ADDRESS	
CITY/STATE/ZIP	
TELEPHONE ()	NAME (PRINTED)
SIGNATURE AND TITLE	