



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Education and Certification
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 Web Site: <http://www.k12.wa.us/cert/>
 E-Mail: cert@ospi.wednet.edu

VERIFICATION OF GOOD STANDING FOR CERTIFICATES HELD IN OTHER STATES

**INCLUDE THIS FORM IN YOUR APPLICATION PACKET. DO NOT SEND THIS FORM TO THE STATE(S)
 IN WHICH YOU HAVE BEEN CERTIFIED.**

SECTION A Carefully complete information in Section A only, indicating certificate type and number when possible.

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	
STATE	TYPE OF CERTIFICATION			CERTIFICATE NUMBER	

I, _____ certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. I hereby allow the above-mentioned state(s) to release the information concerning my certificate to the Office of Superintendent of Public Instruction.

_____/_____
Signature / Date

CERTIFICATION OFFICE TO PROCESS REMAINDER OF FORM

SECTION B

TO BE COMPLETED BY STATE CERTIFICATION OFFICE	
<p>The individual noted above holds or has held certification in your state. Washington Administrative Code requires that we have a statement from you confirming that none of his/her certificates held in your state have been suspended, surrendered, or revoked. DO NOT RETURN QUESTIONNAIRE TO APPLICANT.</p> <p><input type="checkbox"/> I confirm that the above-named individual has never had a certificate suspended, surrendered, or revoked in this state.</p> <p><input type="checkbox"/> I confirm that the above-named individual has had a certificate suspended, surrendered, or revoked. I have attached explanatory materials which fully disclose the reasons for such action. (Permission to provide this information is granted in the center portion of this form.)</p>	
AGENCY	DATE
ADDRESS	SIGNATURE
	TITLE