



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION  
 Professional Education and Certification  
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## VERIFICATION OF ENDORSEMENT EXPERIENCE

USE THIS FORM IF YOU ARE APPLYING FOR AN ENDORSEMENT VIA TESTING

### SECTION I

#### TO BE COMPLETED BY APPLICANT

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

Applicants will need to meet the experience requirement listed below to add an endorsement via testing:

Verification of 90 days of teaching experience in the endorsement that is compatible (Pathway 1) or similar (Pathway 2) in instructional methodology and content-related skills to the desired endorsement. If verifying experience for more than one employer, photocopy this form and send a copy to each employer.

A Washington endorsement on a teaching certificate describes the subject area or grade level in which the teacher is authorized to teach.

8. ENDORSEMENT (SUBJECT AREA) IN WHICH EXPERIENCE IS TO BE VERIFIED

### SECTION II

#### TO BE COMPLETED BY EMPLOYER, OR HIS/HER DESIGNEE, WHERE APPLICANT WAS EMPLOYED

Based on personnel records, this statement MUST be prepared and signed by the superintendent or the personnel director of the school district, or private school, where the applicant was employed. Stamped signatures MUST be initialed by the individual using the stamp. Please return this completed form directly to the applicant.

SCHOOL/DISTRICT		APPLICANT'S POSITION TITLE	
FROM	TO	SUBJECT AREA IN WHICH APPLICANT TAUGHT (SEE ITEM 8. ABOVE)	NUMBER OF DAYS OF SERVICE IN THE ENDORSEMENT
SERVICE WAS <input type="checkbox"/> FULL-TIME	FROM _____ TO _____ (DATE) (DATE)		
SERVICE WAS <input type="checkbox"/> PART-TIME	FROM _____ TO _____ (DATE) (DATE)		
SERVICE WAS <input type="checkbox"/> SUBSTITUTE	FROM _____ TO _____ (DATE) (DATE)		
ADDRESS		PRINTED NAME	
CITY/STATE/ZIP		TITLE OF PERSON COMPLETING FORM	
SIGNATURE		DATE	TELEPHONE ( )

RETURN COMPLETED FORM TO APPLICANT