



Washington Office of Superintendent of
PUBLIC INSTRUCTION

**APPLICATION FOR WASHINGTON STATE
CAREER AND TECHNICAL EDUCATION
ENDORSEMENT (Specialty Area)**

Date
ESD No.
Fee \$52 Receipt No.

NOTE: This application is for those who hold a VALID Washington CTE teaching certificate and want to add a specialty area based on completion of verification of occupational experience.

CHECKLIST:

- Form SPI/CTEcert 4075A-1 Application for adding a specialty area to CTE certificate
- Fee \$1.00 plus \$51.00 OSPI = \$52.00 made payable to OSPI
- Verification by letter from employer or tax return(s) for occupational experience

Please complete the following and sign the affidavit.

CTE Specialty area(s) requested:
Specialty Area Name and VCODE _____ Specialty Area Name and VCODE _____

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
	7. CERTIFICATE NO.

*Business and Industry Route-Verify three (6,000 hours) of occupational experience in the subcategory specialty CTE field. One year (2,000 hours) must have been completed within the past ten years.

*If all or part of the 2,000 hours is more than 10 years old, an additional 300 hours of recent occupational experience (occurring in the past two years) is required.

ATTACH YOUR CHECK TO THIS FORM.

CAREER AND TECHNICAL EDUCATION CERTIFICATION USE ONLY

APPROVED BY	DATE	PROB. G-General S-Specific	DATE CERTIFICATE MAILED	
CERTIFICATE TYPE(S):		ISSUE DATE	EXPIRATION DATE:	CLASSIFICATION: 4 – New 2 - Renewal



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**CAREER AND TECHNICAL EDUCATION CERTIFICATE
VERIFICATION OF SPECIFIC SAFETY**

USE THIS FORM ONLY IF YOU HAVE NOT COMPLETED A COLLEGE/UNIVERSITY STATE-APPROVED CAREER AND TECHNICAL EDUCATION TRAINING PROGRAM.

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. EMAIL

Career and technical education teaching program area _____

Answer the following.

What safety training have you had for this occupation?

List safety and hygiene issues related to this specific occupation or trade.

How would you teach safety to secondary students for this specific occupation or trade?

How will you document or verify that students understand and follow safety practices in a classroom lab?

Attach additional pages if necessary.



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VERIFICATION OF TEACHING EXPERIENCE

USE THIS FORM TO RECORD TEACHING EXPERIENCE IN A SPECIALTY AREA.

SECTION A

TO BE COMPLETED BY APPLICANT

Fill out Section I and send it to your employer(s). When this form has been returned to you, include it in your application packet with a copy of your out-of-state certificate.

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. EMAIL

Verification of up to 4,000 hours of appropriate service in the respective role (teacher) may be used. If verifying experience for more than one employer, photocopy this form and send to each employer.

For Biomedical Science and Health Science Biotechnology may use all 6,000 hours of teaching experience in Biology. For STEM, all 6,000 hours of teaching experience in Science, Technology, Engineering and/or Math can be used..

SECTION B

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 CTE administrator of the school district where the applicant was employed. Stamped signatures MUST be initialed by the individual using the stamp. Please return the completed form directly to the applicant.

SCHOOL DISTRICT		
FROM	TO	NUMBER OF HOURS OF SERVICE:
CIP CODE	NUMBER OF TEACHING HOURS	CLASSROOM TITLE
	FROM _____ TO _____ (DATE) (DATE)	
CIP CODE	FROM _____ TO _____ (DATE) (DATE)	
CIP CODE	FROM _____ TO _____ (DATE) (DATE)	
CIP CODE	FROM _____ TO _____ (DATE) (DATE)	
CIP CODE	FROM _____ TO _____ (DATE) (DATE)	
ADDRESS	PRINTED NAME	
CITY/STATE/ZIP	TITLE OF PERSON COMPLETING FORM	
SIGNATURE	DATE	TELEPHONE ()

Attach additional pages if necessary.

RETURN COMPLETED FORM TO APPLICANT

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



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EMPLOYER VERIFICATION FORM

Employment verification is requested for the individual listed below in order to fulfill the requirements to obtain a career and technical educator teaching certificate in the State of Washington.

Name of employee: _____

Address: _____

Date of birth: _____ **Washington certificate number** _____
(For office use only)

For Employer to complete:

Dates employed _____

Job duties: *(In order to verify what type of duties the above has done within your agency, please be detail specific.)*

Total number of hours during employment _____

Name of Business _____

Address _____

Phone number _____

Name and title of signer _____

Email address _____

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.

Signed

Date