



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](mailto:cert@k12.wa.us)

## CONTINUING CERTIFICATE: VERIFICATION OF CAREER AND TECHNICAL EDUCATION TEACHING/COORDINATION EXPERIENCE

### SECTION I

#### TO BE COMPLETED BY APPLICANT

Fill out this section and send the form to your employer(s). If verifying experience for more than one employer, photocopy this form and send to each employer. Include this form in your application packet after it is returned to you.

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 (        )				WA CERT. NO.
HOME (        )				
E-MAIL				

If you are applying for the continuing career and technical education certificate, you will need to verify appropriate teaching or coordination experience on this form. Applicants must meet the experience requirement listed below for the continuing certificate:

Verification of two years of appropriate service in the respective role (teacher/coordinator). Substitute service in the role may be used. Career and technical education experience may be full-time or part-time.

### SECTION II

#### TO BE COMPLETED BY EMPLOYER (OR HIS/HER DESIGNEE)

Based on personnel records, this statement **MUST** be prepared and signed by the superintendent, the personnel director, or career and technical education administrator of the school district, or skills center where the applicant was employed. Work experience may be full or part-time in a career and technical education program. Stamped signatures **MUST** be initialed by the individual using the stamp. Please return the completed form directly to the applicant.

SCHOOL DISTRICT		APPLICANT'S POSITION TITLE	
FROM	TO	Teaching/coordination was in an approved career and technical education program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS		PRINTED NAME	
CITY/STATE/ZIP		TITLE OF PERSON COMPLETING FORM	
SIGNATURE		DATE	TELEPHONE (        )

**RETURN COMPLETED FORM TO APPLICANT**