



# WASHINGTON STATE CONDITIONAL CAREER AND TECHNICAL EDUCATION TEACHER CERTIFICATE

WAC 181-77-014

## APPLICATION INSTRUCTIONS

(For more information visit our certification website at <http://www.k12.wa.us/cert>)

**CONTENTS:** This packet contains the following instructions and forms needed to apply for certification.

- Instructions: Contents; Additional Materials Required; How to Apply; Checklist [& Requirements] for Conditional CTE Certificate
- 4078A Application Form
- 4078B District Request for CTE Conditional Certificate
- 4020B Character & Fitness Supplement (4 pages)
- 4020C Verification of Good Standing (if applicant has held other states' certificate(s))

**ADDITIONAL MATERIALS REQUIRED:** Applicants are required to obtain and submit additional materials.

- FINGERPRINTS See Step 1, below. (Not submitted with this application.)
- ALL CERTIFICATES (If applicable) See "Other State's Certificate," at Checklist on page 2.

### HOW TO APPLY FOR INITIAL CTE TEACHER CERTIFICATE RENEWAL IN WASHINGTON

**Step 1. Fingerprints.** Washington State law requires that any applicant who does not hold a valid Washington certificate must be fingerprinted for a state and national background check. Submit fingerprints **in person** at an Educational Service District (ESD, see table below) or obtain fingerprint instructions at an ESD or the Office of Superintendent of Public Instruction (OSPI). (See Step 2 or 3 for contact information.) **Do not delay fingerprinting until you are ready to submit your application for certification. You can have fingerprints taken before coming to Washington.** Since fingerprints could delay the application process by eight to ten weeks, we urge you to initiate this process as soon as possible. Fingerprints are submitted separately (and are best submitted several months earlier than the application). Do not wait to receive fingerprint results before submitting your application (Step 2).

**Step 2. Application.** Submit complete application and \$1 application fee, to include all applicable materials in the checklist on page 2 to one of the nine Educational Service Districts (ESDs) shown below. Do **not** send your application and fee to OSPI. OSPI is not authorized to collect fees. All certification fees are non-refundable.

ESD 101	4202 S. Regal	Spokane, WA 99223-7764	(509) 789-3800
ESD 105	33 South 2nd Ave.	Yakima, WA 98902	(509) 575-2885
ESD 112	2500 NE 65th Ave.	Vancouver, WA 98661-6812	(360) 750-7500
ESD 113	601 McPhee Road SW	Olympia, WA 98502-5080	(360) 464-6714
Olympic ESD 114	105 National Ave. N.	Bremerton, WA 98312	(360) 478-6868
Puget Sound ESD 121	800 Oakesdale Ave. SW	Renton, WA 98055	(425) 917-7600
ESD 123	3918 West Court	Pasco, WA 99301	(509) 547-8441
North Central ESD 171	P.O. Box 1847	Wenatchee, WA 98801-1847	(509) 665-2621
Northwest ESD 189	1601 R Avenue	Anacortes, WA 98221	(360) 299-4000

**Step 3. Certificate.** When all requirements are documented, the OSPI certification office can issue a certificate. Contact OSPI CTE Certification at:

Phone: (360) 725-6400	email: <a href="mailto:cert@ospi.wednet.edu">cert@ospi.wednet.edu</a>	TTY: (360) 664-3631
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## CHECKLIST [& REQUIREMENTS] FOR CONDITIONAL CTE CERTIFICATION IN WASHINGTON

Conditional CTE Certificate (valid for one year):

- Eligibility** - [The conditional CTE certificate may be issued under specific circumstances and for limited service.
1. The conditional CTE certificate may be issued only under unique and special circumstances where no regularly certificated CTE instructor is available and is limited to:
    - a. Persons highly qualified and experienced in the knowledge and occupational skills of the CTE program to be certified.
    - b. Persons who meet the occupational experience requirements for CTE certification.
    - c. Persons who will be employed in new and emerging occupations as identified by the State Board of Education and/or its designee.
  2. The certificate is issued to individuals who are screened by the local CTE administrator and school district superintendent or designee. The local CTE administrator or superintendent will verify that the following criteria have been met when requesting the conditional CTE certificate:
    - a. No person with CTE certification in the field is available.
    - b. The individual is being certified for a limited assignment in a specified CTE program area.
    - c. Personnel so certificated will be oriented and prepared for the specific assignment and will be apprised of any legal liability, the lines of authority, and the duration of the assignment.
    - d. The CTE administrator and local program advisory committee will indicate the basis on which he/she has determined that the individual is competent for the assignment.
    - e. A written work and/or educational experience training plan as specified in WAC 180-77-014(1)(b) is on file with the employing district.
  3. The certificate is valid for one year and only for the teaching area specified on the certificate. The certificate may be reissued on application and evidence that requirements continue to be met.]
- Application** - [Minimum age 18, Must provide education history] Submit Form SPI/CERT 4078A, Application for Washington State Conditional CTE Certificate.
- Fee** - Submit check for \$1 payable to the ESD.
- District Request** - Submit Form SPI/CERT 4078B, District Request for Conditional CTE Certificate. [Must have a district request which verifies the conditions under which a conditional CTE certificate is warranted.]
- Fingerprint Check\*** - Submit fingerprints to the OSPI Fingerprint Office if you do not hold a valid Washington certificate. [Must have state and national checks of fingerprints.] Note: Fingerprinting is not part of this application. Date fingerprints were submitted: \_\_\_\_\_ (date)
- Background Questionnaire\*** - Submit Form SPI/CERT 4020B, Character and Fitness Supplement. [Must provide background information.]
- Other State's Certificate\*** - If applicant holds/has held a certificate in another state, submit Form SPI/CERT 4020C, Verification of Good Standing for Certificates Held in Other States, and a copy of each out-of-state teaching certificate. [Must report previous certification.]

**\*Note:** Required only if you do not have a valid Washington certificate. If the fingerprint/background check reveals a criminal record, or if you answer "yes" on the background questionnaire, your application materials will be forwarded to the Office of Professional Practices for review, and could delay the certification process.

Send all required materials following instructions in Step 2 on page 1.



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 FAX (360) 586-0145  
 Web Site: <http://www.k12.wa.us/cert/>  
 E-Mail: [cert@ospi.wednet.edu](mailto:cert@ospi.wednet.edu)

## APPLICATION FOR WASHINGTON STATE CAREER AND TECHNICAL EDUCATION CONDITIONAL CERTIFICATE

Date
ESD No.
Fee \$1 to ESD Receipt No.

### CERTIFICATE INFORMATION

1. CERTIFICATE REQUESTED		<input type="checkbox"/> Teaching	School year _____
2. PROGRAM AREA OR COURSES			
3. NAME	LAST	FIRST	MIDDLE
4. ADDRESS			MAIDEN/FORMER NAME
CITY/STATE/ZIP			5. DATE OF BIRTH
7. TELEPHONE:			6. SOCIAL SECURITY NO. (OPTIONAL)
BUSINESS (      )		HOME (      )	
8. Have you ever held a Washington teacher, administrator, or educational staff associate or career and technical education certificate? If yes, what was your certificate number?			8. <input type="checkbox"/> YES <input type="checkbox"/> NO
9. Have you held an educational certificate in another state? If yes, list all such states here. Complete FORM SPI/CERT 4020C if you do not hold a current valid Washington certificate.			9. <input type="checkbox"/> YES <input type="checkbox"/> NO
10. From what regionally accredited college or university did you receive your bachelor's degree?			DATE
11. From what college/university did you complete your approved career and technical education teacher preparation program? (If different from #10 above)			DATE

### AFFIDAVIT

I, \_\_\_\_\_, certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing and all information included in this application is true and correct. If the answers to any question on the application or the moral character and personal fitness section on the application change prior to my being granted certification, I must immediately notify Career and Technical Education Certification at OSPI.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
City/State

**THIS FORM MUST BE INCLUDED IN THE APPLICATION PACKET - ATTACH YOUR CHECK TO THIS FORM.**

APPLICATIONS THAT DO NOT INCLUDE ALL OF THE REQUESTED MATERIALS WILL BE RETURNED TO THE APPLICANT.

### CAREER AND TECHNICAL EDUCATION CERTIFICATION USE ONLY

APPROVED BY	DATE	L - CONDITIONAL	DATE CERTIFICATE MAILED	
CERTIFICATE TYPE(S)		ISSUE DATE	EXPIRATION DATE	CLASSIFICATION 4 - New 2 - Renewal



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: <http://www.k12.wa.us/cert/>  
 E-Mail: [cert@ospi.wednet.edu](mailto:cert@ospi.wednet.edu)

## DISTRICT REQUEST FOR CAREER AND TECHNICAL EDUCATION CONDITIONAL CERTIFICATE

**INFORMATION TO BE GIVEN BY DISTRICT CAREER AND TECHNICAL EDUCATION ADMINISTRATOR ONLY**

APPLICANT NAME	DISTRICT
ADDRESS	SPECIFIC ASSIGNMENT IN WHICH THE APPLICANT WILL BE SERVING
CITY/STATE/ZIP	THE ASSIGNMENT WILL BEGIN <span style="float: right;">TERMINATE</span>
E-MAIL	TELEPHONE NUMBER (       )

**IMPORTANT**

1. Indicate unique and special circumstances which justifies the need for a conditional certificate: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
2. Indicate applicant's qualifications for this assignment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
3. Is this a renewal of the conditional certificate?     YES     NO
  
4. If yes, has the applicant completed the written training plan developed for the previous career and technical education conditional certificate?     YES     NO

I confirm that the \_\_\_\_\_ School District has verified the expertise of the above applicant for the assigned role and that the following criteria have been met:

- a. No person with career and technical education certification in the field is available as verified by the signature of the local career and technical education administrator or superintendent;
- b. The individual is being certified for a limited assignment and responsibility in a specified career and technical education program area;
- c. Personnel so certificated will be oriented and prepared for the specific assignment and will be apprised of any legal liability, the lines of authority and the duration of the assignment;
- d. The career and technical education administrator and local program advisory committee has indicated the basis on which he/she has determined that the individual is competent for the assignment;
- e. A written work and/or educational experience training plan as specified in WAC 180-77-014(1)(b) is on file with the employing district.

SIGNATURE OF CAREER AND TECHNICAL EDUCATION ADMINISTRATOR	DATE	SIGNATURE OF ADVISORY COMMITTEE CHAIR OR DESIGNEE	DATE
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## CHARACTER AND FITNESS SUPPLEMENT

Please complete the following questions carefully and completely before providing information and signing the affidavit. **Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification, or in the case of a certificate holder, reprimand, suspension, or revocation of the educational certificate, credential, or license.**

ALL REQUIRED DOCUMENTATION REQUESTED BELOW MUST ACCOMPANY THIS FORM. ALL QUESTIONS MUST BE ANSWERED. IF ADDITIONAL SPACE IS NEEDED, ATTACH ON A SEPARATE SHEET OF PAPER.

SECTION I - PERSONAL INFORMATION (please print or type)				
1. NAME	LAST	FIRST	MIDDLE	2. MAIDEN NAME
3. ADDRESS				4. DATE OF BIRTH
CITY/STATE/ZIP				5. SOCIAL SECURITY NO. (OPTIONAL)
6. TELEPHONE				7. E-MAIL
BUSINESS: (            )				HOME: (            )
8. Please list all former names you have used and approximate dates of use. (If more than three, list on separate sheet of paper.)				
				Date
				Date
				Date

SECTION II - PROFESSIONAL FITNESS		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Have you ever held or do you currently hold a Washington education certificate?
<input type="checkbox"/>	<input type="checkbox"/>	2. Have you ever held or do you currently hold any education certificate, credential or license authorizing service in the public/private schools in another state, province, territory, or country? If "yes," list the states, provinces, territories, and/or countries:
<input type="checkbox"/>	<input type="checkbox"/>	3. Are you currently or have you ever been the subject of any certificate or licensing investigation or inquiry by any certification or licensing agency for allegations of misconduct? If "yes," on a separate sheet of paper, list the agency, including complete address and telephone number as well as the purpose of the investigation or inquiry.
<b>If you answer "yes" to questions 4 through 11 (Section II), on a separate sheet of paper, give a complete explanation, including duties, circumstances, and supporting documentation.</b>		
<input type="checkbox"/>	<input type="checkbox"/>	4. Have you ever had any adverse action taken on any certificate or license? (Adverse action includes letters of warning, reprimands, suspensions [including stayed], revocations, voluntary surrenders, or voidance.)
<input type="checkbox"/>	<input type="checkbox"/>	5. Have you ever been denied, or otherwise rejected for cause, an education certificate, credential, or license?
<input type="checkbox"/>	<input type="checkbox"/>	6. Have you ever withdrawn an application for any education certificate, credential, or license?
<input type="checkbox"/>	<input type="checkbox"/>	7. Have you ever practiced in any educational position in a public school for which you did not hold the appropriate valid educational certificate, credential, or license for that position?
<input type="checkbox"/>	<input type="checkbox"/>	8. Have you ever been dismissed, discharged, or fired from any employment position involving children or dependent adults? (Do not include RIFs)
<input type="checkbox"/>	<input type="checkbox"/>	9. Have you ever resigned from or otherwise left any employment (e.g., settlement agreement) while allegations of misconduct were pending?

Yes  No

10. Have you ever been disciplined by a past or present employer because of allegations of misconduct?

11. Are you currently or have you ever been the subject of any investigation or inquiry by an employer because of allegations of misconduct?

### SECTION III - CRIMINAL HISTORY

**If you answer "yes" to any of the questions 1-5 (Section III), please provide the following:**

A. On a separate sheet of paper state the following:

- a. A detailed statement including what occurred, the nature of the offense, charge or warrant.
- b. The name and address of the arresting agency.
- c. If a court was involved, the name and address of the court.
- d. The date of the arrest.
- e. The final disposition, if any.

B. If a court was involved, provide a copy of the court docket (can be obtained at the court in which the charge[s] were filed).

C. Provide a copy of the complete arresting officer's report.

D. If a court was involved, provide the sentence and judgment (can be obtained at the court in which the charge[s] were filed).

E. If the arrest was driving related, provide a copy of a current and complete 5-year driving abstract.

NOTE: For questions 1, 2, 3, DO NOT include minor in possession (MIP)/minor in consumption (MIC) occurring more than 2 years ago or driving under influence (DUI) occurring more than 5 years ago.

Yes  No

1. In the last 10 years, have you ever been arrested for any crime or violation of the law? (Do NOT include Minor in Possession [MIP]/Minor in Consumption [MIC] occurring more than 2 years ago or Driving Under Influence [DUI/DWI] occurring more than 5 years ago.) (Note: For "yes" responses to 1, 2, 3, even if your case was dismissed or your record was sealed you must answer this question in the affirmative.) You need not list traffic violations for which a fine or forfeiture of less than \$300 was imposed.
2. In the last 10 years, have you ever been fingerprinted as a result of any arrest for any crime or violation of the law?
3. In the last 10 years, have you ever been convicted of any crime or violation of any law? (Note: For the purpose of this question "convicted" includes [1] all instances in which a plea of guilty or nolo contendere is the basis of conviction, [2] all proceedings in which a sentence has been suspended or deferred, [3] or bail forfeiture.) You need not list traffic violations or fines for which a fine or forfeiture of less than \$300 was imposed.
4. Have you ever been convicted of any felony crime?
5. Do you currently have any outstanding criminal charges or warrants of arrest pending against you? This would include Washington State, any other state, province, territory, and/or country.
6. Have you ever been or are you presently under investigation in any jurisdiction for possible criminal charges? If your answer is "yes," identify agency and location (street address, city, state) and the circumstances or details relating to the investigation on a separate piece of paper.

### SECTION IV - FITNESS

**If you answer "yes" to any question (Section IV), provide a written explanation on a separate sheet of paper:**

Yes  No

1. Have you ever exhibited any behavior or conduct which might negatively impact your ability to serve in a role which requires a certificate, credential, or license?
2. In the past 10 years, have you ever engaged in any conduct which resulted in the damage or destruction of property? (For purposes of questions 2 and 3, property includes both real and personal property owned by you or another. Do not list damages done as the result of an automobile accident.)
3. In the last 10 years, have you ever threatened to damage or destroy property?
4. Have you ever engaged in any conduct which resulted in the physical injury or harm of any person(s)? (Do not list injury or harm caused as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.)
5. Have you ever threatened to do physical injury or harm to any person(s)? (Do not list threats issued as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.)

**SECTION IV - FITNESS**

- Yes No  
  6. Do you have a medical condition which in any way impairs or limits your ability to serve in a certificated role with reasonable skill and safety?
- N/A 7. If you use chemical substance(s), does this use in any way impair or limit your ability to serve in a certificated role with reasonable skill and safety?
- N/A If you disclosed a "yes" answer to questions 6 or 7 above, are the limitations or impairments caused by your medical condition(s) or substance abuse reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? Please explain on a separate sheet of paper and provide the name, address, and telephone number of the program.
8. Do you currently use illegal drugs?
9. Have you used illegal drugs in the last year?
- N/A If you disclosed a "yes" answer to question 9 above, have you successfully completed or are you participating in a supervised rehabilitation program? Please explain on a separate sheet of paper and provide the name, address, and telephone number of the program.

**If you answer "yes" to questions 10 or 11, attach copies of any court orders entered in the proceeding.**

- Yes No  
  10. Have you ever been found in any dependency or domestic relation matter to have sexually assaulted or exploited any minor?
11. Have you ever been found in any dependency or domestic relation matter to have physically abused any person?

**If you answer "yes" to questions 12 or 13, and a repayment agreement has been established, attach copies of the repayment agreement from the appropriate agency.**

- Yes No  
  12. Are you currently in default status on any educational loan or scholarship? (Do not include loans that are currently in a compliant deferment status.)
13. Are you currently in non-compliance with a support order?

**SECTION V - CHARACTER REFERENCES**

List three individuals, not related to you, who will serve as character references.

NAME	TELEPHONE NUMBER (       )
MAILING ADDRESS	CITY/STATE/ZIP
NAME	TELEPHONE NUMBER (       )
MAILING ADDRESS	CITY/STATE/ZIP
NAME	TELEPHONE NUMBER (       )
MAILING ADDRESS	CITY/STATE/ZIP

**\* ATTENTION \***

**Please complete the appropriate sections on the next page (pg. 4 of 4).**

**ALL APPLICANTS MUST COMPLETE THE AFFIDAVIT**

**AFFIDAVIT**

I, \_\_\_\_\_ certify (or declare) under the penalty of perjury under the laws of the state of Washington that the foregoing and all information included in the application is true and correct.

If the information provided or answer(s) to any question on the application or character and fitness supplement changes prior to my being granted certification, I must immediately notify the Office of Professional Practices and my college/university if I am a college/university candidate.

I understand I must answer this application truthfully and completely. Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification, or in the case of a certificate holder, reprimand, suspension, or revocation of the educational certificate, credential, or license.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CITY/STATE

**COLLEGE/UNIVERSITY STUDENTS ONLY**

Please also complete the release below:

**AFFIDAVIT**

I hereby authorize \_\_\_\_\_ to release, orally or in writing as may be requested, all student records and other personally identifiable information to the Office of the Superintendent of Public Instruction (OSPI) for the purpose of investigating and determining my eligibility for Washington State certification pursuant to RCW 28A.410, WAC 180-86, and WAC 180-87, as now or hereafter amended.  
(name of college/university)

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

