
**WASHINGTON STATE PROFESSIONAL ADMINISTRATOR
(PRINCIPAL, PROGRAM ADMINISTRATOR)
CERTIFICATE RENEWAL REQUIREMENTS**

This application is for renewal of a professional administrator's certificate.

Attention: Total fee amounts due with this application include a \$39 OSPI processing fee.

Professional Administrator Certificate Renewal Requirements:

An administrator professional certificate has a five-year validity date. To renew the certificate, the administrator must complete four, one-year Professional Growth Plans (PGPs), completed since the certificate was issued. Before the end of the five-year period, a completed SPI Form 1656B must be submitted along with your application materials.

The PGP Template for Certificate Renewal, SPI Form 1656B, and additional information about certificate renewal are at: <http://www.k12.wa.us/certification/Administrator/ProCert-RenewalInfo.aspx>.

Administrator Professional Certificate (ProCert) Renewal FAQ

Do I need to address all six standards as part of my four 1-year PGPs?

No, all six standards do not have to be addressed. Renewal of the administrator professional certificate is a job-embedded, contextualized professional development and certification process. As such, administrators are expected to address standards based on their needs assessment.

More than one supervisor signed my PGP forms over the past five years. Which supervisor needs to sign the verification form?

The supervisor, supervisor designee, or appointed representative who signs the fourth PGP should also sign the verification form. Be sure to have copies of the previous four PGPs for the supervisor's verification. Remember, it is your responsibility to maintain your certificate; be sure to keep the original PGP documents in a safe place.

I am leaving my position as a principal or program administrator. How do I renew my administrator certificate if I am no longer serving in the role?

If you have a professional certificate and are not employed in the role, you may have your professional certificate renewed for an additional five-year period by:

- completion of fifteen quarter credits (ten semester credits) of college credit course work directly related to the current performance-based leadership standards from a regionally accredited institution of higher education taken since the issuance of the professional certificate, or
- completion of 150 clock hours since the certificate was issued which relate to the career level benchmarks posted at <http://program.pesb.wa.gov/review/standards/standard-5/principal/benchmarks>; or
- completion of four PGPs developed annually since the certificate was issued. The PGPs must document the formalized learning opportunities and professional development activities that relate to the six standards and career level benchmarks (see link above). Please note that all six standards do not need to be addressed in each PGP, only the standard(s) which are chosen based on the educator's needs assessment.

I have a residency teaching certificate. How do I earn a professional teaching certificate when I'm no longer teaching?

When the residency teacher certificate is first issued, it has no expiration date until the individual has completed 1.5 years of teaching, as reported by a public school in Washington. At that time, you will apply for reissuance and the reissued certificate will be valid for three years.

To earn a professional teaching certificate, you must pass the ProTeach Portfolio, or earn national board certification prior to your residency teaching certificate expiring. To complete the ProTeach Portfolio, candidates must be able to complete the three portfolio entries, including providing student work and classroom instructional evidence from their teaching that addressed the professional certificate standards and criteria. In other words, you must have access to a P-12 classroom to gather evidence. Additional information is located at www.proteach.org.

What office do I contact if there are additional questions?

The Certification Office may be reached at cert@k12.wa.us or (360) 725-6400 TTY: (360) 664-3631.

PROFESSIONAL ADMINISTRATOR RENEWAL CHECKLIST

- FORM SPI/CERT 4001A APPLICATION FOR WASHINGTON STATE ADMINISTRATOR CERTIFICATE
(attach payment for certification fee to this form)
- RENEWAL DOCUMENT FORM 1656B
- FEE In addition to the certification fee, a \$39 OSPI processing fee per certificate action is required. Please select the appropriate box for the certificate(s) you are requesting and attach your check in the amount indicated made out to OSPI - Fiscal Office.
- Professional Renewal & Substitute requested: \$25 + \$78 (OSPI) + 15 = \$118
- Professional Renewal: \$25 + \$39 (OSPI) = \$64

If you do not hold a valid Washington certificate the following are also required:

- FORM SPI/CERT 4020B CHARACTER AND FITNESS SUPPLEMENT
- FORM SPI/CERT 4020C VERIFICATION OF GOOD STANDING FOR CERTIFICATES HELD IN OTHER STATES
- FINGERPRINT BACKGROUND CHECK Please indicate the date submitted: _____

**SEND YOUR COMPLETE APPLICATION PACKET AND FEE TO OSPI, FISCAL OFFICE, P.O. BOX 47200,
OLYMPIA, WA 98504-7200.**

I am enclosing a COMPLETE Washington teacher certification application.

Signature

Date

APPLICATION INSTRUCTIONS

Only COMPLETE applications (all items except your fingerprint cards) will be accepted for processing by the Office of Superintendent of Public Instruction.

It is your responsibility to collect the items needed for evaluation for certification and submit them in one envelope to the OSPI Office.

All fees are non-refundable.

Washington State law requires that any applicant who does not hold a valid Washington certificate at the time of application must be fingerprinted for a state and national background check. Since this could delay the application, we urge you to initiate this process as soon as possible.

Fingerprints. You may select one of the following options to complete the fingerprint process:

- A. You may utilize the live scan fingerprinting process in person at one of the ESD locations. This process does not require a fingerprint card and is subject to an additional processing fee. Please contact the ESD of your choice for details.
- B. If your fingerprints are worn and not easily discernable, the State Patrol recommends you have your prints processed by the ink and roll method using the fingerprint card and instruction sheet which can be obtained from our office. Once you have the card and instructions, this may be completed by contacting a law enforcement agency that will fingerprint applicants for non-criminal background checks. Please check with the agency for additional processing fees. Some ESD offices may provide the ink and roll method in addition to the electronic Live Scan.

If the background check reveals a criminal record, or if you answer "yes" on the character and fitness supplement (Form SPI/CERT 4020B), your application materials will be forwarded to the Office of Professional Practices for review. This may delay the certification process for several months. The Professional Certification office cannot act on your application materials until clearance is received from the Office of Professional Practices.



APPLICATION FOR WASHINGTON STATE ADMINISTRATIVE CERTIFICATION

Certificate requested: Principal
 Program Administrator
 Superintendent

Level of Certificate Requested: Residency (principal and program administrator only)
 Initial (Supt only)
 Continuing
 Professional Renewal

Each certificate requested requires a separate fee payment.

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. Have you ever held a Washington teacher, administrator, or educational staff associate certificate? YES NO
 If yes, what is your certificate number?

8. 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 currently valid Washington certificate.

9. Complete the following information on your non-educational employment history for the past ten years.

Employer or District	Dates of Employment	Name and Address of Immediate Supervisor
Position	Telephone No.	
Employer or District	Dates of Employment	
Position	Telephone No.	Name and Address of Immediate Supervisor

10. If you are applying for the Continuing Certificate, a course or course work relating to issues of abuse is required. Indicate class title, date, and where (college, university, SD, etc.), requirement was completed.

CLASS TITLE	DATE	WHERE COMPLETED

For use by Professional Certification only				
Type of Cert. Issued		Endorsement		Mailed:
Approved by	Date	State		Issued:
Materials Sent:				Codes:
For Washington School District Use only			A "RUSH" request can be accepted only for regular, contracted employment.	
School District Name			Telephone	
Signature of Employing Superintendent/Personnel Director			Date	

11. From what regionally accredited college or university did you receive your bachelor's degree?
12. From what state institution did you complete your approved preparation program?

13. In the space below, list all educational experience. Please list your most recent experience first.

Grades Taught	Dates of Employment	District	City/State	No. of Days if less than	Type of Certificate Held

Attach a separate sheet for additional listing if necessary.

14. List the name of every community college, undergraduate, and graduate institution you have attended in the space below and provide the additional information requested.

Institution	Location City/State	Dates Attended		Degrees Granted	Post BA Credits Earned	
		From	To		Semester	Quarter

Attach separate page for additional education, if necessary.

15. Official transcripts (those with the college or university seal) must be submitted and attached to this page of your application. List all transcripts that you are providing:

NOTE: ALL OFFICIAL TRANSCRIPTS NEEDED TO EVALUATE YOUR APPLICATION FOR A CERTIFICATE MUST BE SUBMITTED WITH THIS APPLICATION.

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 Professional Certification at OSP.

Signature

Date

City/State

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



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Certification
 Office of Professional Practices
 Old Capitol Building, PO BOX 47200
 OLYMPIA WA 98504-7200
 OPP (360) 725-6130 TTY (360) 664-3631
 Web Site: <http://www.k12.wa.us/certification>
 E-Mail: cert@k12.wa.us

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	Question
<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.

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.

<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 avoidance.)
<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 detailed statement including what occurred, the nature of the offense, charge or warrant.
 - The name and address of the arresting agency.
 - If a court was involved, the name and address of the court.
 - The date of the arrest.
 - 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
E-MAIL ADDRESS (OPTIONAL)		
NAME		TELEPHONE NUMBER ()
MAILING ADDRESS		CITY/STATE/ZIP
E-MAIL ADDRESS (OPTIONAL)		
NAME		TELEPHONE NUMBER ()
MAILING ADDRESS		CITY/STATE/ZIP
E-MAIL ADDRESS (OPTIONAL)		

*** 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,
(name of college/university)
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 181-86, and WAC 181-87, as now or hereafter amended.

SIGNATURE OF APPLICANT

DATE



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 FAX (360) 586-0145
 Web Site: <http://www.k12.wa.us/certification/>
 E-Mail: cert@k12.wa.us

VERIFICATION OF GOOD STANDING FOR CERTIFICATES HELD IN OTHER STATES

COMPLETE SECTION A ONLY, AND 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

SECTION B

WASHINGTON STATE CERTIFICATION OFFICE WILL PROCESS THE REMAINDER OF THIS FORM (IF NECESSARY)

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.**

I confirm that the above-named individual has never had a certificate suspended, surrendered, or revoked in this state.

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.)

AGENCY	DATE
ADDRESS	SIGNATURE
	TITLE



**ADMINISTRATOR PROFESSIONAL CERTIFICATE RENEWAL
 RECORD OF CONTINUING EDUCATION
 (WAC 181-79A-250)**

This form is required to renew a Professional Certificate per WAC 181-79A-251. WAC 181-79A-251 states that a principal and program administrator's professional certificate may be renewed for additional five year periods for individuals employed as a principal, assistant principal or program administrator in a public school or Professional Educator Standards Board-approved private school by completion of a professional growth plan that is developed and approved with the superintendent, superintendent designee, or appointed representative (e.g., educational service district personnel, professional association or organization staff, or peer from another district), and that documents formalized learning opportunities and professional development activities that: (1) emphasize continuous learning; (2) positively impact student learning; (3) relate to the six standards and "career level" benchmarks defined in WAC 181-78A-270 (2)(b); (4) explicitly connect to the evaluation process; (5) reflect contributions to the school, district, and greater professional community; (6) identify areas in which knowledge and skills need to be enhanced.

Step 7 – Verification of Completion

I declare under penalty of perjury under the laws of the State of Washington that I have completed four one-year professional growth plans and submitted evidence to that effect. The intentional misrepresentation of a material fact in the form subjects the holder to revocation of his/her certificate pursuant to chapter 181-85 WAC.

NAME OF PRINCIPAL/ASSISTANT PRINCIPAL/PROGRAM ADMINISTRATOR (PRINT)		TITLE
SIGNATURE		DATE
DISTRICT/AGENCY		CERTIFICATE NUMBER
ADDRESS		
CITY/STATE/ZIP		
TELEPHONE	E-MAIL ADDRESS	
PERIOD		
FROM:		TO:

Affidavit

I declare under the penalty of perjury under the laws of the state of Washington that the administrator listed above completed four one-year Professional Growth Plans.

SUPERINTENDENT, SUPERINTENDENT DESIGNEE, OR APPOINTED REPRESENTATIVE (PRINT)		TITLE
DISTRICT, ESD, OR PROFESSIONAL ORGANIZATION		DATE
SIGNATURE		CITY/STATE