
REPLACEMENT/NAME CHANGE CERTIFICATION CHECKLIST

Type of certificate you are requesting:

<input type="checkbox"/>	Teacher	<input type="checkbox"/>	School Counselor	<input type="checkbox"/>	School Speech Language Pathologist or Audiologist
<input type="checkbox"/>	Principal	<input type="checkbox"/>	School Psychologist	<input type="checkbox"/>	School Nurse
<input type="checkbox"/>	Program Administrator	<input type="checkbox"/>	School Social Worker	<input type="checkbox"/>	School Occupational Therapist
<input type="checkbox"/>	Superintendent			<input type="checkbox"/>	School Physical Therapist

A replacement/name change requires \$15 per role (teacher, principal, school counselor, etc.). If you are requesting more than one certificate, please include the appropriate fee.

☐ Replacement or name change fee: (a) \$15 x _____ = _____

(b) \$33 x _____ = _____ OSPI processing

(c) = _____ (total a & b)

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

