



Institutional Application for a Washington Residency Teaching Certificate Through Eastern Washington University

I am currently enrolled in:

- ☐ EDUC 200
☐ EDUC 420
☐ CEDP _____

INSTRUCTIONS TO THE APPLICANT:

Submit this application with a completed Character and Fitness Supplement as well as your receipt from Student Financial Services (Sutton Hall, 2nd Floor) in the amount of \$45.50 to Williamson Hall 310.

EWU STUDENT ID #

SECTION A – Personal Information

NAME: Last		First	Middle	Date of Birth
Maiden/Former Name		Email Address		Last 5 of SSN (optional) XXX – X
LOCAL ADDRESS: <i>(where we can contact you while you are attending EWU)</i>				
Street	City	State	Zip	Phone
PERMANENT ADDRESS: <i>(where we will mail your certificate)</i>				
Street	City	State	Zip	Phone

Have you ever held a Washington certificate or permit authorizing teacher or other educational service in the schools of Washington?

☐ No ☐ Yes, I have attached a copy of certificate # _____

Have you ever held educational certification in another state? *(If so, you must contact the EWU Certification Office to obtain Form 4020C.)*

☐ No ☐ Yes, for the following states: _____

SECTION B – Education

(List the name of every community college and four-year institution you have attended since graduating from high school. Attach additional sheets if necessary.)

Name of Institution	Dates of Attendance	Degrees/Credits Earned
Eastern Washington University		

SECTION C – Assessment in Endorsement Area(s)

(Effective 9/1/05 all applicants for certification must pass a content assessment (West-E Test) in each endorsement. List each endorsement for which you are applying and the West-E score if available.)

Endorsement	Score	Date of Exam

SECTION D – Student Teaching/Field Experience

When do you plan to student teach? <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring Year: _____	At the end of which quarter do you expect to have all requirements met for the teaching certificate? <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring Year: _____
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Applicant's Name: _____

SECTION D – Student Teaching/Field Experience (continued)

Please complete the following if you have any contracted teaching experience in a public or private school, if you are currently student teaching or if you have completed student teaching. (Check here ☐ if none of these apply to you.)

Name of School District	Dates		Grades	Regular Classroom	As a Specialist			
	From	To			P.E.	Art	Sp. Ed.	Music
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION E – Other Work Experience

(Provide your employment history for the past ten years. Attach additional sheets if necessary. Check here ☐ if you have not been employed in the past ten years.)

Employer or District	Dates of Employment	Name and Address of Immediate Supervisor
Position	Telephone Number	
Employer or District	Dates of Employment	Name and Address of Immediate Supervisor
Position	Telephone Number	
Employer or District	Dates of Employment	Name and Address of Immediate Supervisor
Position	Telephone Number	
Employer or District	Dates of Employment	Name and Address of Immediate Supervisor
Position	Telephone Number	
Employer or District	Dates of Employment	Name and Address of Immediate Supervisor
Position	Telephone Number	

SECTION F – Statistical Information

Eastern Washington University is an affirmative action employer. In order to assist us in meeting our affirmative action commitments and providing necessary reports to federal and state government agencies, we ask you to volunteer the following information.

Gender	Race/Ethnicity		
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Caucasian/White
	<input type="checkbox"/> Native American (Indian)	<input type="checkbox"/> Spanish Surnamed	<input type="checkbox"/> Other: _____

SECTION G – Affidavit

I, _____, certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. If the answers to any questions on the teaching certificate application or the attached Character and Fitness Supplement change prior to my being granted certification, I must notify the EWU Certification Office **immediately**.

Signature_____
Date_____
City/State\