



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

**APPLICATION FOR WASHINGTON STATE
 CAREER AND TECHNICAL EDUCATION
 ENDORSEMENT (Specialty Area)**

Date
ESD No.
Fee \$40 Receipt No.

NOTE: This application is for those who hold a VALID Washington CTE teaching certificate and want to add a specialty area based on completion of verification of occupational experience.

CHECKLIST:

- Form SPI/CTEcert 4075A-1 Application for adding a specialty area to CTE certificate
- Fee \$1.00 plus \$39.00 OSPI = \$40.00 made payable to OSPI
- Verification by letter from employer or tax return(s) for occupational experience

Please complete the following and sign the affidavit.

CTE Specialty area(s) requested:
 Specialty Area Name and VCODE _____ Specialty Area Name and VCODE _____

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
	8. CERTIFICATE NO.

*Business and Industry Route-Verify three (6,000 hours) of paid occupational experience in the subcategory specialty CTE field. One year (2,000 hours) must have been completed within the past six years.

*If all or part of the 2,000 hours is more than 6 years old, an additional 300 hours of recent occupational experience (occurring in the past two years) is required.

ATTACH YOUR CHECK TO THIS FORM.

CAREER AND TECHNICAL EDUCATION CERTIFICATION USE ONLY

APPROVED BY	DATE	PROB. G-General S-Specific	DATE CERTIFICATE MAILED	
CERTIFICATE TYPE(S)		ISSUE DATE	EXPIRATION DATE	CLASSIFICATION 4 - New 2 - Renewal

TO BE COMPLETED BY APPLICANT

Verification of paid occupational experience in the specific career and technical education certificated field is required. Listed employment must be verified by letter from the employer or by tax returns. Self-employment must be verified by submitting a copy of your business license, tax return, or letters from clients. If teaching is used complete the Teaching Experience form (4075H).

Occupation _____
Dates of Employment _____ Total Number of Paid Hours _____
Duties _____
Employer _____
Address _____ City _____ State _____ Zip Code _____
Telephone Number _____

Occupation _____
Dates of Employment _____ Total Number of Paid Hours _____
Duties _____
Employer _____
Address _____ City _____ State _____ Zip Code _____
Telephone Number _____

Occupation _____
Dates of Employment _____ Total Number of Paid Hours _____
Duties _____
Employer _____
Address _____ City _____ State _____ Zip Code _____
Telephone Number _____

Occupation _____
Dates of Employment _____ Total Number of Paid Hours _____
Duties _____
Employer _____
Address _____ City _____ State _____ Zip Code _____
Telephone Number _____

Total Number of Paid
Hours _____
for All Listed Employers

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



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CAREER AND TECHNICAL EDUCATION CERTIFICATE VERIFICATION OF SPECIFIC SAFETY

USE THIS FORM ONLY IF YOU HAVE NOT COMPLETED A COLLEGE/UNIVERSITY STATE-APPROVED CAREER AND TECHNICAL EDUCATION TRAINING PROGRAM.

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 ()	E-MAIL

Career and technical education teaching program area _____

Answer the following:

1. What safety training have you had for this occupation?
2. List safety and hygiene issues related to this specific occupation or trade.
3. How would you teach safety to secondary students for this specific occupation or trade?
4. How will you document or verify that students understand and follow safety practices in a classroom lab?

Attach additional pages if necessary.



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INDUSTRY HOUR (NON-TEACHING) SUBMISSION FORM FOR CAREER AND TECHNICAL EDUCATION CERTIFICATION

NAME	DATE OF BIRTH
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Correctly describing your job(s) and responsibilities is crucial to having your Career and Technical Educator certificate approved. Please submit this form when you apply for your Initial CTE Application to OSPI and any occupational experience verification (*W-2's; Letters from employers; Pay stubs; volunteer hours etc.*). All claimed occupational hours require appropriate documentation as evidence of hours worked.

Some of your job responsibilities may include more than one V-Code. Please list the number of hours you worked in each V-Code you want included on your CTE certificate¹. Also, describe and match your job requirements to the V-Code that you are requesting.²

Company and Job Title	Years	Hours	V-Code	Job Responsibilities Description

Company and Job Title	Years	Hours	V-Code	Job Responsibilities Description

Company and Job Title	Years	Hours	V-Code	Job Responsibilities Description

Company and Job Title	Years	Hours	V-Code	Job Responsibilities Description

¹ Please note that you cannot double count hours. The max hours you can work is 2,000, so you cannot claim more than 2,000 in a year. For example, if your job included welding and designing, you could not claim 2,000 hours welding and 2,000 designing. You would claim 1,000 hours welding and 1,000 hours designing.

² OSPI does not guarantee your V-Codes will be approved; OSPI approves if your industry hours actually meet Washington State's specifications for earning your requested V-Code.



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VERIFICATION OF TEACHING EXPERIENCE

USE THIS FORM TO RECORD TEACHING EXPERIENCE IN A SPECIALTY AREA.

SECTION A

TO BE COMPLETED BY APPLICANT

Fill out Section I and send it to your employer(s). When this form has been returned to you, include it in your application packet with a copy of your out-of-state certificate.

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 ()				6. E-MAIL
HOME ()				

Verification of up to 4,000 hours of appropriate service in the respective role (teacher) may be used. If verifying experience for more than one employer, photocopy this form and send to each employer.

For BIOMEDICAL and BIOTECHNOLOGY may use all 6,000 hours of teaching experience in Biology. For STEM, all 6,000 hours of teaching experience in Science, Technology, Engineering and/or Math can be used.

SECTION B

TO BE COMPLETED BY EMPLOYER, OR HIS/HER DESIGNEE, WHERE APPLICANT WAS EMPLOYED

Based on personnel records, this statement **MUST** be prepared and signed by the CTE administrator of the school district where the applicant was employed. Stamped signatures **MUST** be initialed by the individual using the stamp. Please return the completed form directly to the applicant.

SCHOOL DISTRICT				
FROM	TO	NUMBER OF HOURS OF SERVICE:		
CIP CODE	NUMBER OF TEACHING HOURS	FROM _____ TO _____	CLASSROOM TITLE	
<input type="text"/>	<input type="text"/>	(DATE) (DATE)		
CIP CODE		FROM _____ TO _____		
<input type="text"/>	<input type="text"/>	(DATE) (DATE)		
CIP CODE		FROM _____ TO _____		
<input type="text"/>	<input type="text"/>	(DATE) (DATE)		
CIP CODE		FROM _____ TO _____		
<input type="text"/>	<input type="text"/>	(DATE) (DATE)		
CIP CODE		FROM _____ TO _____		
<input type="text"/>	<input type="text"/>	(DATE) (DATE)		
ADDRESS		PRINTED NAME		
CITY/STATE/ZIP		TITLE OF PERSON COMPLETING FORM		
SIGNATURE		DATE	TELEPHONE ()	

Attach additional pages if necessary.

RETURN COMPLETED FORM TO APPLICANT