

CERTIFICATION INSERT

Name: _____

<input type="checkbox"/> Certification by National Board for Professional Teaching Standards - Subject Area: _____		
Washington State Certification:		
<input type="checkbox"/> Washington State Certification PENDING		
<u>Administrator</u> <input type="checkbox"/> Initial Administrator <input type="checkbox"/> Continuing Administrator <input type="checkbox"/> Residency Administrator <input type="checkbox"/> Professional Administrator	<u>Teacher</u> <input type="checkbox"/> Initial Teacher <input type="checkbox"/> Continuing Teacher <input type="checkbox"/> Continuing Elementary/Secondary <input type="checkbox"/> Residency Teacher <input type="checkbox"/> Professional Teacher <input type="checkbox"/> Career & Technical Ed (Vocational)	<input type="checkbox"/> Substitute Teacher <u>ESA</u> <input type="checkbox"/> Initial Educational Staff Associate <input type="checkbox"/> Continuing Educational Staff Assoc. <input type="checkbox"/> Residency Educational Staff Assoc. <input type="checkbox"/> Professional Educational Staff Associate
Washington State Endorsements:		
<input type="checkbox"/> Washington State Endorsement(s) PENDING		
<u>Administrative</u> <input type="checkbox"/> Program Administrator <input type="checkbox"/> Principal <input type="checkbox"/> Superintendent	<u>Educational Staff Associate</u> <input type="checkbox"/> School Counselor <input type="checkbox"/> School Occupational Therapist <input type="checkbox"/> School Physical Therapist	<input type="checkbox"/> School Psychologist <input type="checkbox"/> School Nurse <input type="checkbox"/> School Social Worker <input type="checkbox"/> Speech Language Pathologist and Audiologist
<u>Teacher (endorsements for certificates issued before September 1, 2000):</u>		
<input type="checkbox"/> P-3 Early Childhood Special Educ. <input type="checkbox"/> P-3 Early Childhood Education <input type="checkbox"/> K-8 Elementary Education <input type="checkbox"/> K-12 Art <input type="checkbox"/> K-12 Bilingual Education <input type="checkbox"/> K-12 English as a Second Language K-12 Designated Foreign Language: <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ <input type="checkbox"/> K-12 Learning Resources <input type="checkbox"/> K-12 Music <input type="checkbox"/> Choral Music <input type="checkbox"/> Instrumental Music <input type="checkbox"/> K-12 Physical Education	<input type="checkbox"/> K-12 Reading <input type="checkbox"/> K-12 Special Education <input type="checkbox"/> 4-12 Comparative Religion <input type="checkbox"/> 4-12 English/Language Arts <input type="checkbox"/> Drama <input type="checkbox"/> English <input type="checkbox"/> Journalism <input type="checkbox"/> Speech <input type="checkbox"/> 4-12 Health <input type="checkbox"/> 4-12 Instructional Technology <input type="checkbox"/> 4-12 Mathematics <input type="checkbox"/> 4-12 Philosophy <input type="checkbox"/> 4-12 Science <input type="checkbox"/> Biology <input type="checkbox"/> Chemistry <input type="checkbox"/> Earth Science <input type="checkbox"/> Physics	<input type="checkbox"/> 4-12 Social Studies <input type="checkbox"/> Anthropology <input type="checkbox"/> Economics <input type="checkbox"/> Geography <input type="checkbox"/> History <input type="checkbox"/> Political Science <input type="checkbox"/> Psychology <input type="checkbox"/> Sociology 4-12 Vocational Education: <input type="checkbox"/> Agricultural Education <input type="checkbox"/> Business Education <input type="checkbox"/> Family & Consumer Science Ed. <input type="checkbox"/> Marketing Education <input type="checkbox"/> Technology Education <input type="checkbox"/> Traffic Safety
<u>Teacher (endorsements for certificates issued after August 31, 2000):</u>		
<input type="checkbox"/> Bilingual Education Designated Arts: <input type="checkbox"/> Dance <input type="checkbox"/> Music: Choral <input type="checkbox"/> Music: General <input type="checkbox"/> Music: Instrumental <input type="checkbox"/> Theatre Arts <input type="checkbox"/> Visual Arts Designated Career & Technical Educ.: <input type="checkbox"/> Agricultural Education <input type="checkbox"/> Business Education <input type="checkbox"/> Family & Consumer Science Educ. <input type="checkbox"/> Marketing Education <input type="checkbox"/> Technology Education	Designated Science: <input type="checkbox"/> Biology <input type="checkbox"/> Chemistry <input type="checkbox"/> Earth Science <input type="checkbox"/> Physics Designated World Languages: <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ <input type="checkbox"/> Early Childhood Education <input type="checkbox"/> Early Childhood Special Education <input type="checkbox"/> Elementary Education <input type="checkbox"/> English/Language Arts	<input type="checkbox"/> English as a Second Language <input type="checkbox"/> Health/Fitness <input type="checkbox"/> History <input type="checkbox"/> Library Media <input type="checkbox"/> Mathematics <input type="checkbox"/> Middle Level: Humanities <input type="checkbox"/> Middle Level: Math/Science <input type="checkbox"/> Reading <input type="checkbox"/> Science <input type="checkbox"/> Social Studies <input type="checkbox"/> Special Education <input type="checkbox"/> Traffic Safety <input type="checkbox"/> Other _____
OUT-OF-STATE CERTIFICATION	_____ State _____ Endorsement(s)	_____ State _____ Endorsement(s)

CERTIFICATION INSERT: West-E (Praxis II) Information

Name: _____

WEST-E (PRAXIS II) Information*Please complete the following for each West-E (Praxis II) test you have completed or scheduled:***Content area / Grade level:** _____ **Praxis Test #:** _____

Date completed: _____

Score: _____

 Results Pending*

Date scheduled: _____

Content area / Grade level: _____ **Praxis Test #:** _____

Date completed: _____

Score: _____

 Results Pending*

Date scheduled: _____

Content area / Grade level: _____ **Praxis Test #:** _____

Date completed: _____

Score: _____

 Results Pending*

Date scheduled: _____

Content area / Grade level: _____ **Praxis Test #:** _____

Date completed: _____

Score: _____

 Results Pending*

Date scheduled: _____

***If West-E (Praxis II) test results are pending, please submit a copy of the results when available.**