INSTITUTIONAL APPLICATION FOR AN ADMINISTRATOR'S CERTIFICATE

Type of administrative specialization requested:

- ☐ Principal (Residency only)
- ☐ Program Administrator (Residency only)
- ☐ Superintendent

Level Requested:

- ☐ Initial $35
- ☐ Continuing $70
- ☐ Residency $35

SECTION I - GENERAL INFORMATION

1. NAME LAST	FIRST	MIDDLE	MAIDEN/FORMER
2. ADDRESS			3a. DATE OF BIRTH
CITY/STATE/ZIP			3b. SOCIAL SECURITY NO. (OPTIONAL)
4. TELEPHONE NUMBER BUSINESS ( )		HOME ( )	5. E-MAIL ADDRESS

6. Do you hold a Washington certificate? ☐ Yes ☐ No
   Certificate number _____
   If you are using this certificate as the prerequisite certificate to the administrator's certificate, you must attach a copy to your application.

7. 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

SECTION II - EXPERIENCE

8. Professional experience in education. List employer(s):

Grades	Dates of Employment		Employer	Complete Address
	From	To		

SECTION III - EDUCATION

9. List the name of every community college, undergraduate, and graduate institution you have attended.

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

SECTION IV - AFFIDAVIT

I, _____, certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

_____ DATE AND PLACE

_____ SIGNATURE

Return application forms to the college/university where you are completing your administrative program.