



Washington State Professional Certification Initial/Continuing Career and Technical Education Career Guidance Specialist Certificate Requirements

The State of Washington issues the certificates for the Career Guidance Specialist. **If you hold a valid one year CTE Counselor or CTE Occupational Information Specialist certificate, at the time of application, you will need to be placed on the Initial Career Guidance Specialist certificate.** To convert to this certificate, the application, fee, and fingerprints (if needed) is all that is required.

Fee payment: [OSPI Professional Certification Fee Schedule](#)

INITIAL CTE CAREER GUIDANCE SPECIALIST:

- The initial career guidance specialist certificate is valid for four years and may be renewed two times.
- Candidates must meet the eligibility requirements for the probationary certificate outlined in this section (above). **NOTE: The probationary Career Guidance Specialist certificate is not available at this time.**
- Candidates for the initial certificate shall demonstrate competence through a course of study from a state approved program provider or state approved continuing education provider in the general standards for career guidance specialist which include, but are not limited to, knowledge and skills in the following areas as approved by the professional educator standards board:
 - a. Individual and group career guidance skills;
 - b. Individual and group career development assessment;
 - c. Information and resources in providing career guidance;
 - d. Career guidance program planning, implementation, and management;
 - e. Diverse populations;
 - f. Student leadership development;
 - g. Ethical/legal issues;
 - h. Technology;
 - i. History and philosophy of career and technical education.

In order to teach worksite learning and career choices courses, candidates must successfully complete requirements per WAC [181-77A-180](#)

CTE INITIAL CAREER GUIDANCE SPECIALIST RENEWAL:

100 clock hours or equivalence during the 5 year validity date must be completed.
May apply for renewal 12 months from expiration of certificate.

CTE CONTINUING CAREER GUIDANCE SPECIALIST:

Any person with a valid three-year or five-year occupational information specialist, or career and technical education counselor certificate, at the time of application, may apply for the career guidance specialist certificate.

Candidates for the continuing career guidance specialist certificate shall have in addition to the requirements for the initial certificate at least fifteen quarter hours of college credit or one hundred fifty clock hours completed subsequent to the issuance of the initial certificate.

- Candidates for the continuing certificate shall provide as a condition for the issuance of a continuing certificate documentation of two years as a career guidance specialist with an authorized employer (i.e., school district(s) or skills center(s)).
- The continuing career guidance specialist certificate is valid for five years.

CTE CONTINUING CAREER GUIDANCE SPECIALIST RENEWAL:

The continuing career guidance specialist certificate shall be renewed with the completion of ten quarter hours of college credit or the equivalent of one hundred clock hours, prior to the lapse date of the first issuance of the continuing certificate and during each five-year period between subsequent lapse dates. Provided, at least four quarter credits or thirty clock hours must be related to the knowledge and skills areas listed in subsection (2)(c) of this section.

WASHINGTON STATE CAREER AND TECHNICAL EDUCATION INITIAL/CONTINUING CAREER GUIDANCE SPECIALIST APPLICATION CHECK LIST

SUBMIT THIS FORM WITH YOUR APPLICATION.

The following application materials need to be included in the certification application packet; please mark each item enclosed:

- | | | |
|--------------------------|----------------------|--|
| <input type="checkbox"/> | FORM SPI/VCERT 4073A | APPLICATION FOR CAREER AND TECHNICAL EDUCATION CERTIFICATE
(Attach payment for certification fee to this form.) |
| <input type="checkbox"/> | FORM SPI/CERT 4020B | CHARACTER AND FITNESS SUPPLEMENT
(If candidate does not hold a valid Washington teacher, administrator, education
staff associate, or career and technical education certificate.) |
| <input type="checkbox"/> | FORM 1211 | CONTINUING CTE (Career Guidance Counselor Only) |
| <input type="checkbox"/> | FEE PAYMENT | \$52 |

I am enclosing a COMPLETE Washington State career and technical education counselor or occupational information specialist application.

Signature

Date

PLEASE NOTE:

FINGERPRINT CARD RESULTS WILL NOT BE RETURNED TO YOU FOR INCLUSION IN YOUR APPLICATION PACKET.

Fingerprint cards were submitted on ____/____/____ (date) to the Washington State Patrol Identification Section.

If the fingerprint process was previously completed for a Washington school district/educational service district employer, provide the name of the employer: _____

Only COMPLETE applications will be accepted by the educational service district (ESD) for processing by the Superintendent of Public Instruction. Applications with pages or other relevant information missing will be returned to the applicant.



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
INITIAL CAREER AND TECHNICAL EDUCATION
CAREER GUIDANCE SPECIALIST CERTIFICATE**

Date

ESD No.

Fee \$52
Receipt No.

CERTIFICATE INFORMATION

1a. CERTIFICATE REQUESTED	<input type="checkbox"/> 5-Year (Continuing) <input type="checkbox"/> Initial Renewal	1b. <input type="checkbox"/> 5-Year (Renewal) <input type="checkbox"/> Initial CTE Career Guidance Specialist
2. PROGRAM AREA OR COURSES		

3. NAME LAST FIRST MIDDLE	MAIDEN/FORMER NAME
4. ADDRESS	5. DATE OF BIRTH
CITY/STATE/ZIP	6. SOCIAL SECURITY NO. (OPTIONAL)
7. TELEPHONE: BUSINESS HOME	E-MAIL

8. Have you ever held a Washington teacher, administrator, educational staff associate, or career and technical education certificate? If yes, what was your certificate number? ☐ YES ☐ NO

9. Have you held an educational certificate in another state? If yes, list all such states here and complete if you do not hold a current valid Washington certificate. ☐ YES ☐ NO

10. From what regionally accredited college or university did you receive your bachelor's degree?

11. From what college/university did you complete your approved career and technical education teacher preparation program? (If different from No. 10 above)

THIS FORM MUST BE INCLUDED IN THE APPLICATION PACKET. 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



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
Professional Certification
Office of Professional Practices
Old Capitol Building, PO BOX 47200
OLYMPIA WA 98504-7200
OPP (360) 725-6130 TTY (360) 664-3631
Web Site: <http://www.k12.wa.us/certification>
E-Mail: cert@k12.wa.us

CHARACTER AND FITNESS SUPPLEMENT

Please complete the following questions carefully and completely before providing information and signing the affidavit. **Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification, or in the case of a certificate holder, reprimand, suspension, or revocation of the educational certificate, credential, or license.**

ALL REQUIRED DOCUMENTATION REQUESTED BELOW MUST ACCOMPANY THIS FORM. ALL QUESTIONS MUST BE ANSWERED. IF ADDITIONAL SPACE IS NEEDED, ATTACH ON A SEPARATE SHEET OF PAPER.

SECTION I - PERSONAL INFORMATION (please print or type)

1. NAME LAST FIRST MIDDLE	2. MAIDEN NAME
3. ADDRESS CITY/STATE/ZIP	4. DATE OF BIRTH
5. SOCIAL SECURITY NO. (OPTIONAL)	
6. TELEPHONE BUSINESS: () HOME: ()	7. E-MAIL
8. Please list all former names you have used and approximate dates of use. (If more than three, list on separate sheet of paper.)	
_____ Date	
_____ Date	
_____ Date	

SECTION II - PROFESSIONAL FITNESS

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you ever held or do you currently hold a Washington education certificate? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you ever held or do you currently hold any education certificate, credential or license authorizing service in the public/private schools in another state, province, territory, or country? If "yes," list the states, provinces, territories, and/or countries: |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Are you currently or have you ever been the subject of any certificate or licensing investigation or inquiry by any certification or licensing agency for allegations of misconduct? If "yes," on a separate sheet of paper, list the agency, including complete address and telephone number as well as the purpose of the investigation or inquiry. |

If you answer "yes" to questions 4 through 11 (Section II), on a separate sheet of paper, give a complete explanation, including duties, circumstances, and supporting documentation.

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever had any adverse action taken on any certificate or license? (Adverse action includes letters of warning, reprimands, suspensions [including stayed], revocations, voluntary surrenders, or avoidance.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you ever been denied, or otherwise rejected for cause, an education certificate, credential, or license? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you ever withdrawn an application for any education certificate, credential, or license? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you ever practiced in any educational position in a public school for which you did not hold the appropriate valid educational certificate, credential, or license for that position? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Have you ever been dismissed, discharged, or fired from any employment position involving children or dependent adults? (Do not include RIFs) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Have you ever resigned from or otherwise left any employment (e.g., settlement agreement) while allegations of misconduct were pending? |

- | | | |
|---------------------------------|--------------------------------|--|
| Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | 10. Have you ever been disciplined by a past or present employer because of allegations of misconduct? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Are you currently or have you ever been the subject of any investigation or inquiry by an employer because of allegations of misconduct? |

SECTION III - CRIMINAL HISTORY

If you answer "yes" to any of the questions 1–5 (Section III), please provide the following:

- A. On a separate sheet of paper state the following:
- A detailed statement including what occurred, the nature of the offense, charge or warrant.
 - The name and address of the arresting agency.
 - If a court was involved, the name and address of the court.
 - The date of the arrest.
 - The final disposition, if any.
- B. If a court was involved, provide a copy of the court docket (can be obtained at the court in which the charge[s] were filed).
- C. Provide a copy of the complete arresting officer's report.
- D. If a court was involved, provide the sentence and judgment (can be obtained at the court in which the charge[s] were filed).
- E. If the arrest was driving related, provide a copy of a current and complete 5-year driving abstract.

NOTE: For questions 1, 2, 3, DO NOT include minor in possession (MIP)/minor in consumption (MIC) occurring more than 2 years ago or driving under influence (DUI) occurring more than 5 years ago.

- | | | |
|---------------------------------|--------------------------------|---|
| Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | 1. In the last 10 years, have you ever been arrested for any crime or violation of the law? (Do NOT include Minor in Possession [MIP]/Minor in Consumption [MIC] occurring more than 2 years ago or Driving Under Influence [DUI/DWI] occurring more than 5 years ago.) (Note: For "yes" responses to 1, 2, 3, even if your case was dismissed or your record was sealed you must answer this question in the affirmative.) You need not list traffic violations for which a fine or forfeiture of less than \$300 was imposed. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. In the last 10 years, have you ever been fingerprinted as a result of any arrest for any crime or violation of the law? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the last 10 years, have you ever been convicted of any crime or violation of any law? (Note: For the purpose of this question "convicted" includes [1] all instances in which a plea of guilty or nolo contendere is the basis of conviction, [2] all proceedings in which a sentence has been suspended or deferred, [3] or bail forfeiture.) You need not list traffic violations or fines for which a fine or forfeiture of less than \$300 was imposed. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever been convicted of any felony crime? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you currently have any outstanding criminal charges or warrants of arrest pending against you? This would include Washington State, any other state, province, territory, and/or country. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you ever been or are you presently under investigation in any jurisdiction for possible criminal charges? If your answer is "yes," identify agency and location (street address, city, state) and the circumstances or details relating to the investigation on a separate piece of paper. |

SECTION IV - FITNESS

If you answer "yes" to any question (Section IV), provide a written explanation on a separate sheet of paper:

- | | | |
|---------------------------------|--------------------------------|--|
| Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | 1. Have you ever exhibited any behavior or conduct which might negatively impact your ability to serve in a role which requires a certificate, credential, or license? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. In the past 10 years, have you ever engaged in any conduct which resulted in the damage or destruction of property? (For purposes of questions 2 and 3, property includes both real and personal property owned by you or another. Do not list damages done as the result of an automobile accident.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the last 10 years, have you ever threatened to damage or destroy property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever engaged in any conduct which resulted in the physical injury or harm of any person(s)? (Do not list injury or harm caused as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you ever threatened to do physical injury or harm to any person(s)? (Do not list threats issued as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.) |

SECTION IV - FITNESS

Yes No
☐ ☐

6. Do you have a medical condition which in any way impairs or limits your ability to serve in a certificated role with reasonable skill and safety?

☐ ☐ N/A

7. If you use chemical substance(s), does this use in any way impair or limit your ability to serve in a certificated role with reasonable skill and safety?

☐ ☐ N/A

If you disclosed a "yes" answer to questions 6 or 7 above, are the limitations or impairments caused by your medical condition(s) or substance abuse reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? Please explain on a separate sheet of paper and provide the name, address, and telephone number of the program.

☐ ☐

8. Do you currently use illegal drugs?

☐ ☐

9. Have you used illegal drugs in the last year?

☐ ☐ N/A

If you disclosed a "yes" answer to question 9 above, have you successfully completed or are you participating in a supervised rehabilitation program? Please explain on a separate sheet of paper and provide the name, address, and telephone number of the program.

If you answer "yes" to questions 10 or 11, attach copies of any court orders entered in the proceeding.

Yes No
☐ ☐

10. Have you ever been found in any dependency or domestic relation matter to have sexually assaulted or exploited any minor?

☐ ☐

11. Have you ever been found in any dependency or domestic relation matter to have physically abused any person?

If you answer "yes" to questions 12 or 13, and a repayment agreement has been established, attach copies of the repayment agreement from the appropriate agency.

Yes No
☐ ☐

12. Are you currently in default status on any educational loan or scholarship? (Do not include loans that are currently in a compliant deferment status.)

☐ ☐

13. Are you currently in non-compliance with a support order?

SECTION V - CHARACTER REFERENCES

List three individuals, not related to you, who will serve as character references.

NAME	TELEPHONE NUMBER ()
MAILING ADDRESS	CITY/STATE/ZIP
E-MAIL ADDRESS (OPTIONAL)	
NAME	TELEPHONE NUMBER ()
MAILING ADDRESS	CITY/STATE/ZIP
E-MAIL ADDRESS (OPTIONAL)	
NAME	TELEPHONE NUMBER ()
MAILING ADDRESS	CITY/STATE/ZIP
E-MAIL ADDRESS (OPTIONAL)	

*** ATTENTION ***

Please complete the appropriate sections on the next page (pg. 4 of 4).

ALL APPLICANTS MUST COMPLETE THE AFFIDAVIT

AFFIDAVIT

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

If the information provided or answer(s) to any question on the application or character and fitness supplement changes prior to my being granted certification, I must immediately notify the Office of Professional Practices and my college/university if I am a college/university candidate.

I understand I must answer this application truthfully and completely. Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification, or in the case of a certificate holder, reprimand, suspension, or revocation of the educational certificate, credential, or license.

SIGNATURE

DATE

CITY/STATE

COLLEGE/UNIVERSITY STUDENTS ONLY

Please also complete the release below:

AFFIDAVIT

I hereby authorize _____ to release, orally or in writing as may be requested,
(name of college/university)
all student records and other personally identifiable information to the Office of the Superintendent of Public Instruction (OSPI) for the purpose of investigating and determining my eligibility for Washington State certification pursuant to RCW 28A.410, WAC 181-86, and WAC 181-87, as now or hereafter amended.

SIGNATURE OF APPLICANT

DATE



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

CONTINUING CERTIFICATE REPORT OF CLOCK HOURS

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. CERTIFICATION NO.
7. In lieu of the 100 clock hours required, I am attaching a copy of my valid National Board for Professional Teaching Standards (NBPTS), American Speech-Language-Hearing Association (ASHA), or National Association of School Psychologists (NASP) certificate. Yes <input type="checkbox"/> No <input type="checkbox"/>	8. E-MAIL

CLASS TITLE	PROVIDER (COLLEGE/UNIVERSITY/APPROVED AGENCY)	DATE CLASS COMPLETED	NUMBER OF HOURS	C - CLOCK HOURS Q - QUARTER HOURS S - SEMESTER HOURS Circle One:		
				C	Q	S
				C	Q	S
				C	Q	S
				C	Q	S
				C	Q	S
				C	Q	S
				C	Q	S
				C	Q	S
				C	Q	S
				C	Q	S
				C	Q	S
				C	Q	S
				C	Q	S

Attach Additional List if Necessary

AFFIDAVIT

I, _____, certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. The intentional misrepresentation of a material fact in this form subjects the holder to revocation of his/her certificate pursuant to chapter 181-85 WAC. A copy of the form should be retained by the holder for possible dispute (WAC 181-85-085).

Original Signature of Participant

Date