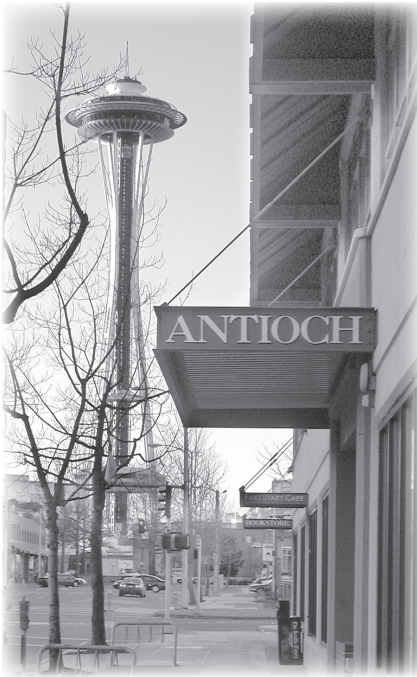


## Pathway 2 Endorsement Program

### Application Instructions and Requirements



Teachers interested in obtaining an endorsement from Antioch University Seattle must complete and submit this application, processing fee, and supporting documents:

- A copy of your current, valid Washington State Teaching Certificate
- Official transcript of your highest degree
- Verification of Employment* as a fully contracted teacher or long-term substitute teacher by a Washington State public school or state approved private school
- District Letter of Support* that identifies the means by which the district will provide the opportunity for you to teach in your new endorsement area for the purpose of pedagogy assessment
- A qualifying score on the WEST-E. For information on the WEST test, go to [www.west.nesinc.com](http://www.west.nesinc.com). Additional documentation may be requested by Antioch University Seattle.

**Application Fee:** \$50. Include a check or money order payable to Antioch University Seattle with your application. The fee is non-refundable.

Mail the completed application, including this page with your signature as requested below, processing fee and supporting documents to:

Antioch University Seattle  
Admissions Office  
2326 Sixth Avenue  
Seattle, WA 98121

I have read and understand the terms of this application process.

Name (printed) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

# Education Program Request for Pathway 2 Endorsement



Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Antioch Graduation Year \_\_\_\_\_ Birthdate \_\_\_\_\_

SSN (optional) \_\_\_\_\_ WA State Teaching Certificate Number \_\_\_\_\_

**Please indicate which endorsement(s) you are seeking:**

Subject	WEST-E Test Number
<input type="checkbox"/> Elementary Education	005 and 006
<input type="checkbox"/> Library Media	042
<input type="checkbox"/> Middle Level Humanities	010 and 011
<input type="checkbox"/> Middle Level Mathematics	012
<input type="checkbox"/> Middle Level Science	013
<input type="checkbox"/> Reading	030
<input type="checkbox"/> Theatre Arts	032

# Education Program Verification of Employment



**Section One:** To be completed by the applicant for a Pathway 2 Endorsement

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN (Optional) \_\_\_\_\_

Based on personnel records, this statement must be prepared and signed by the superintendent or the personnel director of the school district or private school. Stamped signatures must be initialized by the individual using the stamp. **Please return the form directly to the applicant.**

**Section Two:** To be completed by the employer or his/her designee, where applicant is employed as a teacher or long-term substitute.

School District \_\_\_\_\_ School \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

**Applicant is employed as**

**Date**

**Assignment**

Fully contracted teacher

From \_\_\_\_\_ Grade \_\_\_\_\_

To \_\_\_\_\_ Subject \_\_\_\_\_

Long-term substitute

From \_\_\_\_\_ Grade \_\_\_\_\_

To \_\_\_\_\_ Subject \_\_\_\_\_

Name (Printed) \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

# Education Program District Letter of Support



**Section One: To be completed by the applicant for a Pathway 2 Endorsement**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

This statement must be prepared and signed by the superintendent or personnel director of the school district, OR the principal of the school where the applicant will be allowed to teach in his/her new endorsement area. Stamped signatures must be initialed by the individual using the stamp. **Please return the completed form directly to the applicant.**

**Section Two: To be completed by the employer or his/her designee.**

Please describe how the district/school will provide the opportunity for this teacher to teach in his/her new endorsement area (i.e., out of endorsement assignment, teaming with a mentor teacher, planning period, etc.) for purpose of pedagogy assessment.

School \_\_\_\_\_ District \_\_\_\_\_

Name (Printed) \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_