

## Application for recertification of Assistant election administrators as election administrators

Refer to WAC [434-260-220](#) and [434-260-235](#) for rules pertaining to the recertification of assistant election administrators as election administrators.

To become recertified as an election administrator, from an assistant election administrator, you must complete the following:

- One additional year continuous service in election administration;
- A minimum of twenty additional hours participation in conferences and workshops. These hours are in addition to the Orientation training. Training must be received within the five years prior to your request. Four hours may be claimed for visiting other county elections departments. At least fifteen hours must be election specific and sponsored by the five organizations listed below.
  - The Washington Association of County Auditors
  - The Secretary of State
  - The Election Center
  - The United States Election Assistance Commission
  - The Federal Voting Assistance Program
  - Other courses approved by the Election Administration and Certification Board

### STEP ONE: PROVIDE APPLICANT INFORMATION

Applicant name \_\_\_\_\_ Title \_\_\_\_\_

County \_\_\_\_\_ Beginning elections service date \_\_\_\_\_

E-mail Address \_\_\_\_\_

### STEP TWO: CONFIRM REQUIREMENTS

Years of professional experience as an elections administrator \_\_\_\_\_

Additional twenty hours of training at conferences or workshops. At least fifteen hours must be election specific and provided by an approved sponsor.

Total number of hours \_\_\_\_\_

#### Election specific, approved sponsor training – minimum of thirty hours

##### Washington State Association of County Auditors (WSACA)

Hours	Course name	Location	Date

**Secretary of State (OSOS)**

Hours	Course name	Location	Date

**The Election Center**

Hours	Course name	Location	Date

**Election Assistance Commission (EAC)**

Hours	Course name	Location	Date

Other training – a maximum of four hours for visits to other counties

**Conferences, courses, or visits to other counties**

Hours	Course name and <i>Sponsor</i>	Location	Date

### STEP THREE: OBTAIN SIGNATURE OF COUNTY AUDITOR

County Auditor signature \_\_\_\_\_ Title (if other than auditor)

Printed name \_\_\_\_\_ Date

### STEP FOUR: SUBMIT COMPLETED APPLICATION

You may submit this application by email, fax, or mail.

OSOS Elections Division  
 Certification and Training Program  
 PO Box 40229  
 Olympia WA 98504-0229  
 (Fax) 360-664-4619  
[ctsupport@sos.wa.gov](mailto:ctsupport@sos.wa.gov)