



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

VERIFICATION OF TEACHER PROGRAM ENROLLMENT

Complete Section A of this form. Send it to the education department of the college/university where you are currently enrolled in your teacher preparation and certification program. This form, when returned to you, is to be included with your application packet.

SECTION A

TO BE COMPLETED BY APPLICANT					
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 ()				6. E-MAIL	
HOME ()					

SECTION B

TO BE COMPLETED BY COLLEGE/UNIVERSITY	
<p>The above-named is an applicant for a pre-residency certificate clearance in Washington State. Complete information in Section B regarding this applicant. To be valid, this form must be signed by the dean of the college or school of education, the certification officer, the chairman of the education department, or the dean's designee at the institution where the applicant is currently enrolled in his/her teacher preparation and certification program. A stamped signature must be initialed by the person using the stamp. Verify the information with the school seal. RETURN THIS FORM TO THE APPLICANT.</p>	
A. Is the applicant currently enrolled in your state-approved teacher education?	A. <input type="checkbox"/> YES <input type="checkbox"/> NO
B. Anticipated date of program completion. _____ State in which program is approved: _____	
C. Major area(s) in which applicant will be recommended: _____ _____	
D. Additional area(s) applicant may be eligible to teach: _____	
E. Will the applicant be eligible for certification in the state in which the program is approved at the completion of the program? If no, what are/will be the deficiencies? _____	E. <input type="checkbox"/> YES <input type="checkbox"/> NO
F. Do you have knowledge that the applicant has been arrested, charged, or convicted of any crime or has a history of any serious behavioral problems?	YES <input type="checkbox"/> NO <input type="checkbox"/> List any reason you know of why this applicant should not be certified in Washington. _____ _____ _____
NAME OF COLLEGE/UNIVERSITY	DATE
ADDRESS	
CITY/STATE/ZIP	E-MAIL
TELEPHONE ()	NAME (PRINTED)
SIGNATURE AND TITLE (Chairperson of Education Department/Certification Officer)	
COLLEGE SEAL This form must bear the college/university seal.	

RETURN COMPLETED FORM TO THE APPLICANT