



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](mailto:cert@k12.wa.us)

## VERIFICATION OF TEACHER/PRINCIPAL PROGRAM ENROLLMENT

**Complete Section A of this form. Send it to the education department of the college/university where you are currently completing your teacher/principal 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 an emergency certificate 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 completing his/her teacher/principal 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 or principal program?	A. <input type="checkbox"/> YES <input type="checkbox"/> NO
B. Anticipated date of program completion. _____	
C. Major area(s) in which applicant will be recommended: _____ _____	
D. Additional area(s) applicant may be eligible to teach: _____	
E. Has this applicant completed a minimum of 24 quarter hours of 16 semester hours in special education?	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	
TELEPHONE (       )	NAME (PRINTED)
SIGNATURE AND TITLE (Chairperson of Education Department/Certification Officer)	
<b>COLLEGE SEAL</b> This form must bear the college/university seal.	

**RETURN COMPLETED FORM TO THE APPLICANT**