



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 PREPARATION/CERTIFICATION 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 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 | | HOME | | 6. E-MAIL |

SECTION B

| TO BE COMPLETED BY COLLEGE/UNIVERSITY | |
|--|----------------|
| <p>The above-named is an applicant for certification 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 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> | |
| <p>A. Is the applicant currently enrolled in your state-approved preparation and certification program? A. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> | |
| <p>B. Is this a teacher or principal program? _____ Anticipated date of program completion. _____ State in which program is approved: _____</p> | |
| <p>C. Major area(s) in which applicant will be recommended: _____ _____</p> | |
| <p>D. Additional area(s) applicant may be eligible to be certified: _____</p> | |
| <p>E. Will the applicant be eligible for certification in the state in which the program is approved at the completion of the program? E. <input type="checkbox"/> YES <input type="checkbox"/> NO If no, what are/will be the deficiencies? _____</p> | |
| <p>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? List any reason you know of why this applicant should not be certified in Washington. _____</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p> | |
| NAME OF COLLEGE/UNIVERSITY | DATE |
| ADDRESS | |
| CITY/STATE/ZIP | E-MAIL |
| TELEPHONE | NAME (PRINTED) |
| SIGNATURE AND TITLE (Chairperson of Education Department/Certification Officer) | |
| <p>COLLEGE SEAL This form must bear the college/university seal.</p> | |

RETURN COMPLETED FORM TO THE APPLICANT