



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION  
 Professional Certification  
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 Web Site: <http://www.k12.wa.us/cert/>

## WORKSITE LEARNING COURSE COMPLETION VERIFICATION

Please print your full, legal name

1. NAME	LAST	FIRST	MIDDLE	MAIDEN/FORMER NAME
2. ADDRESS				3. DATE OF BIRTH
CITY/STATE/ZIP				4. SOCIAL SECURITY NUMBER (OPTIONAL)
5. TELEPHONE		HOME		6. CERTIFICATION NO.
BUSINESS		7. E-MAIL		

Completion of the Worksite Learning course WAC 181-77A-180 – CTE teacher preparation specialty standards.

Individuals obtaining certification in the areas of coordinator of worksite learning or career choices must demonstrate competency in the following standards.

### WAC 181-77A-180

#### Career and technical education teacher preparation specialty standards.

In addition to the standards identified in WAC 182-82-332 or 181-77A-175, individuals obtaining certification in the areas of coordinator of worksite learning or career choices must demonstrate competency in the following standards.

**Since your application does not reflect that information, please complete the following statement. Sign and date the affidavit and return this form to Professional Certification.**

Class Title \_\_\_\_\_ Date \_\_\_\_\_

Institutional signature verification of completion \_\_\_\_\_

Name of Institution \_\_\_\_\_

Print Name \_\_\_\_\_ Email \_\_\_\_\_

### AFFIDAVIT

I \_\_\_\_\_, certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date