



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

INSTITUTIONAL VERIFICATION OF PROGRAM COMPLETION AND CHARACTER

Complete Section A of this form. Send it to the education department or appropriate department of the college/university where you completed your educational staff associate preparation 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 ()				E-MAIL
HOME ()				

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 or certification officer of the college or the chair of the department at the institution where the applicant completed his/her preparation 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.	Did the applicant complete your institution's state-approved program or pathway for purposes of certification to serve in a K-12 school setting in that state? <input type="checkbox"/> YES <input type="checkbox"/> NO If "yes," for which role? <input type="checkbox"/> School Psychologist <input type="checkbox"/> School Counselor
B.	Date of program or pathway completion: _____
C.	Did the program or pathway include completion of a comprehensive examination relevant to the specialized role? <input type="checkbox"/> YES <input type="checkbox"/> NO
D.	Did the applicant complete a supervised internship as part of the program or pathway? <input type="checkbox"/> YES <input type="checkbox"/> NO
E.	Did the program or pathway include a defined course of study? <input type="checkbox"/> YES <input type="checkbox"/> NO
F.	Was the applicant eligible to receive full certification for the specialized role in your state upon completing the program or pathway? <input type="checkbox"/> YES <input type="checkbox"/> NO
G.	Are you aware of any reason(s) this applicant should not be certified in Washington? If so, please explain: _____ _____ _____

NAME OF COLLEGE/UNIVERSITY	DATE	COLLEGE SEAL This form must bear the college/university seal.
ADDRESS		
CITY/STATE/ZIP		
TELEPHONE ()	E-MAIL	
SIGNATURE AND TITLE		SIGNATURE