



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/cert/>
 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 of the college/university where you completed your administrative 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:				6. E-MAIL
BUSINESS ()		HOME ()		

SECTION B

TO BE COMPLETED BY COLLEGE/UNIVERSITY

The above named is an applicant for administrative 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 completed his/her administrative 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.

- A. Has this applicant completed your state-approved administrative program? A. YES NO
 If "yes," for what role? Principal Program Administrator Superintendent
 Date of program completion: _____
- B. Did the applicant complete a supervised internship as a part of the program? B. YES NO
- C. Did the program include a defined course of study? C. YES NO
- D. Was the applicant eligible for administrative certification in your state at the completion of his/her preparation program? D. YES NO
 If "yes," type of certificate granted: _____
 If no, what were the deficiencies? _____
- E. 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 ()	
NAME (PRINTED)	EMAIL	
SIGNATURE & TITLE (Chairperson of Education Department/Certification Officer)		