SUPERINTENDENT OF PUBLIC INSTRUCTION

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VOLUNTARY SURRENDER OF CERTIFICATE(S)

RECEIVED

MAY 02 2019

Office of Professional Practices

I, Gene T. Cilento, hereby voluntarily surrender my certificate(s). Certificate #398767D

I further understand that the Superintendent of Public Instruction will notify other states and public and private school officials within the state of Washington that I have voluntarily surrendered my certificate(s).

1. School Occupational Therapist Certificate No. 398767D

I agree, if I request reinstatement of the certificate(s) I have voluntarily surrendered, to provide the Superintendent of Public Instruction with an affidavit describing in full the reasons for my voluntary surrender of the certificate(s) listed above.

Dated this 30 day of April, 2019

Gene T. Cilento
Printed Name

Gene T Cilento
Signature

[redacted]

[redacted]

SUBSCRIBED AND SWORN to before me this 30th day of April, 2019.

Notary Public in and for the state of Washington, Thurston County

Washington. Residing at Olympia

My commission expires: 7/23/19

LEE GIBSON NOTARY PUBLIC COMM. EXPIRES JULY 23, 2019 STATE OF WASHINGTON