



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

INSTITUTIONAL VERIFICATION OF ENROLLMENT FOR CAREER AND TECHNICAL EDUCATION PROGRAM COMPLETION AND CHARACTER (FOR CTE CONDITIONAL CERTIFICATE)

Complete Section A of this form. Send it to the education department of the college/university where you enrolled in your career and technical education teacher preparation and certification program. When this form is returned to you. Include 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:				E-MAIL
BUSINESS ()		HOME ()		

SECTION B

TO BE COMPLETED BY COLLEGE/UNIVERSITY	
<p>The above-named is an applicant for career and technical education teacher certification in Washington State. Please complete the information in this section 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 has enrolled his/her career and technical education teacher 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>	
A. Has this applicant enrolled in your approved career and technical education teacher training program?	A. <input type="checkbox"/> YES <input type="checkbox"/> NO
Estimated date of program completion. _____	
B. Career and technical education area in which student teaching will be completing: _____ (Agriculture Education, Business Education, Marketing Education, Family and Consumer Sciences Education, or Technology Education)	
Has the applicant completed all competencies required for a Worksite Learning certificate?	B. <input type="checkbox"/> YES <input type="checkbox"/> NO
C. Has the applicant completed a course in Work site learning coordination techniques OR has successfully demonstrated all competencies related to coordination techniques as verified by the professional educator standards board approved program (WAC 181-77-068)?	C. <input type="checkbox"/> YES <input type="checkbox"/> NO
D. 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?	YES <input type="checkbox"/> List any reasons you know of why this applicant should not NO <input type="checkbox"/> be certified in Washington. _____
NAME OF COLLEGE/UNIVERSITY	DATE
ADDRESS	
CITY/STATE/ZIP	
TELEPHONE ()	E-MAIL
NAME (PRINTED) AND TITLE (Chairperson of Education Department/Certification Officer)	
By signing this form I attest that the above information is true and accurate to the best of my knowledge.	
SIGNATURE	

RETURN COMPLETED FORM TO THE APPLICANT