



Washington Office of Superintendent of  
**PUBLIC INSTRUCTION**

Professional Certification  
Old Capitol Building, P.O. Box 47200  
600 Washington St. SE  
Olympia, WA 98504  
(360)-725-3631 TTY | (360)-725-6400 | cert@k12.wa.us

**CTE Certification Form 4075W:  
Worksite Learning Course Completion Verification Form**

Fill out this form to verify 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**
- [WAC 181-77-068](#) – Requirements for coordinator of worksite learning initial or continuing certificates**
- [WAC 181-77A-175](#) – Work experience program 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 Department.

**Section I: Applicant Information**

Legal Name (Last, First, Middle):		Other Name(s):		Date of Birth:
Address:		WA Cert. Number:	Phone:	
City, State, Zip:		Email:		

**Section II: Course Information**

Class Title:	Date of Completion:
Name of Institution:	
Institution Designee Printed Name:	Email:
_____	_____
Institutional Completion Verification Signature	Date

**Section III: Affidavit**

I, \_\_\_\_\_, certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing and all information included on this form is true and correct to the best of my knowledge.

_____	_____
Signature of Applicant	Date