



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/>

ABUSE COURSE VERIFICATION

Please print your full, legal name

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		HOME	6. CERTIFICATION NO.
				7. E-MAIL

Completion of a course or course work relating to issues of abuse is required of applicants for a Continuing or Professional Certificate in Washington State. The course must include information related to the identification of physical, emotional, sexual, and substance abuse; the impact on learning and behavior, the responsibilities of a teacher to report abuse or to provide assistance to victimized children; and methods of teaching about abuse and its prevention.

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.

Class Title _____ Date _____

Where Completed _____

AFFIDAVIT

I, _____, certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature

Date