



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Certification
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 Web Site: <http://www.k12.wa.us/certification/>
 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 or appropriate department of the college/university where you completed your educational staff associate preparation 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: BUSINESS ()				E-MAIL
HOME ()				

SECTION B TO BE COMPLETED BY COLLEGE/UNIVERSITY	
<p>The above-named is an applicant for certification in Washington State. Complete information in Section B regarding this applicant. To be valid, this form must be signed by the dean or certification officer of the college or the chair of the department at the institution where the applicant completed his/her preparation 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>	
<p>A. This individual completed a program for the training of:</p> <p><input type="checkbox"/> School Counselor</p> <p><input type="checkbox"/> School Psychologist</p>	<p>B. Date of program completion _____</p>
<p>C. Did the program include completion of a comprehensive examination relevant to the specialization?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>D. Does your state require an educational certificate to serve in the specialized role identified in "A" above in the common schools (K-12) of your state?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>E. Does the program the applicant completed have state approval for purposes of certification for serving in a K-12 school setting?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>F. Was the applicant eligible to serve in the specialized role in the common schools in your state when he/she completed the program?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>G. What type of state certification, if any, was this applicant eligible to receive on completing your program?</p> <p>_____</p>	
<p>H. Is there any reason you know of why this applicant should not be certified in Washington? If so, please explain:</p> <p>_____</p>	

NAME OF COLLEGE/UNIVERSITY	DATE	COLLEGE SEAL This form must bear the college/university seal.
ADDRESS		
CITY/STATE/ZIP		
TELEPHONE ()	E-MAIL	
SIGNATURE AND TITLE		SIGNATURE