



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION

Professional Certification
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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

PROVISIONAL STATUS/EMPLOYER SUPPORT VERIFICATION
(WAC 181-78A-505)

Use this form to verify: (1) completion of provisional status employment or (2) support for an individual to enroll in the Professional Certificate program, if the individual has not completed provisional status employment. When completed, send this form to the college/university where you have enrolled in a Professional Certificate program.

SECTION A

TO BE COMPLETED BY CANDIDATE

Form with fields for: 1. NAME (LAST, FIRST, MIDDLE), MAIDEN/FORMER NAME, 2. ADDRESS, 3. DATE OF BIRTH, 4. CITY/STATE/ZIP, 5. SOCIAL SECURITY NO (OPTIONAL), 6. TELEPHONE (Business, Home), 7. WA CERTIFICATE NO., 8. E-MAIL ADDRESS

Complete Part 1 OR Part 2 only.

SECTION B

TO BE COMPLETED BY EMPLOYER SUPERINTENDENT OR PERSONNEL DIRECTOR ONLY

Part 1. Verification of completion of Provisional Status Employment.

Name of Teacher Candidate employed as a teacher in the Name of school district, approved private school, or state agency School District, approved private school, or state agency providing educational services for student, completed provisional status employment on Date

Signature of Superintendent or Personnel Director Title Date

Part 2. Statement supporting the teacher candidate's enrollment in the Professional Certificate Program.

Based on our knowledge/evaluation of this teacher candidate, we believe Teacher Candidate's Name, employed as a teacher in the Name of school district, approved private school, or state agency providing educational services, approved private school, or state agency providing educational services to students, is ready to benefit from the professional growth activities contained in the Professional Certificate program and we support his/her enrollment in the Professional Certificate program at Name of college/university College or University.

Signature of Superintendent or Personnel Director Title Date