



ADMINISTRATIVE CREDENTIALS SUPERINTENDENT - INITIAL SEVEN-YEAR

Verification of Program Completion

The persons listed below have completed a program of preparation for the seven-year initial superintendent certificate. The undersigned certifies under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct:

Institution: _____ Telephone Number: _____

Signature: _____ Date: _____

Dean/Director of Education/Certification Officer or Designee

List Names in Alphabetical Order

Complete Legal Name - Last, First, Middle	Birthdate	*Washington Certificate Number	Valid Teacher, ESA, Principal, or Program Admin. Cert. (list state)	MA plus 45 Qtr. (30 Sem.) Hours of Study in Education Subsequent to the BA Degree	OSPI Use Only

* The moral character check and WSP/FBI fingerprint checks must be completed if the candidate does not hold a valid Washington certificate.