



**ADMINISTRATIVE CREDENTIALS
PRINCIPAL - RESIDENCY
(First Issue)**

Verification of Program Completion

The persons listed below have completed a program of preparation for the residency principal 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	Holds or has held a Regular Teaching Certificate or ESA Certificate *	Educational Experience Successful school-based experience in an educational role with students	OSPI Use Only

* If candidate holds no valid Washington certificate, then moral character and WSP/FBI fingerprint checks must be completed.