

AFFIDAVIT BY DEAN/DIRECTOR OF EDUCATION

This form is to be completed by the dean/director of education and added to the individual's education program.

NAME OF COLLEGE/UNIVERSITY

SECTION I

I swear (or affirm) that several faculty members have been contacted who personally know or knew _____, who is a candidate for certification. They have no knowledge of any relevant information related to the applicant's character or fitness that would adversely affect the applicant's ability to serve in a certificated role.

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

DEAN/DESIGNEE'S SIGNATURE

DATE

SECTION II

If the dean/director of education finds it impossible or impractical to sign the above affidavit, he/she must state the reasons below:

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

DEAN/DESIGNEE'S SIGNATURE

DATE