



TEACHING CERTIFICATE CONTINUING

Verification of Eligibility

The persons listed below have met requirements for the continuing teaching certificate in compliance with State Board of Education standards for this certificate.

The undersigned attests that the documentation required by the Professional Education and Certification office is on file. Also, 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	Area	Endorsements**	Type	OSPI Use Only

* Not required if candidate holds any type of valid Washington certificate.

** Endorsements must indicate type (from WAC 180-82A: N = New; from WAC 180-82: P = Primary, S = Supporting; from WAC 180-79A: C = Carryover from standards in effect on 8/31/00)