



# TEACHING CERTIFICATE INTERN SUBSTITUTE

## Verification of Eligibility

The persons listed below are enrolled in a program of preparation for the residency teaching certificate and are undergoing student teaching/internship. A district request, form 4028B, is kept on file at the college/university. The proper check for good moral character and personal fitness of the applicants has been made.

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 (& Social Sec#)	Birthdate	Washington Certificate Number	WSP/FBI Clearance Received *	District/Private School	OSPI Use Only

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