



## ADMINISTRATIVE CREDENTIALS PROGRAM ADMINISTRATOR - PROFESSIONAL

### Verification of Program Completion

The persons listed below have completed a program of preparation for the professional program administrator 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	OSPI Use Only

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