



ADMINISTRATIVE CREDENTIALS PRINCIPAL - PROFESSIONAL

Verification of Program Completion

The persons listed below have completed a program of preparation for the professional 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: _____ Code: _____ Telephone Number: _____

Signature: _____ Date: _____
Organization Program Director/Dean/Director of Education/Certification Officer or Designee

List Names in Alphabetical Order

Complete Legal Name - Last, First, Middle and Address	Birthdate	*Washington Certificate Number	Applied after 9/30/11 Y/N	OSPI Use Only

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