



Washington Office of Superintendent of  
**PUBLIC INSTRUCTION**

**INSTITUTIONAL VERIFICATION OF  
CAREER AND TECHNICAL EDUCATION  
PROGRAM COMPLETION AND CHARACTER  
(FOR CTE DIRECTOR PROGRAM CERTIFICATE)**

Complete Section A of this form. Send it to the education department of the college/university where you completed your career and technical education administrator preparation and certification program. When this form is returned to you include with your application packet.

**SECTION A**

TO BE COMPLETED BY APPLICANT			
1. NAME LAST	FIRST	MIDDLE	MAIDEN/FORMER NAME
2. ADDRESS			3. DATE OF BIRTH
CITY/STATE/ZIP			4. SOCIAL SECURITY NO. (OPTIONAL)
5. TELEPHONE BUSINESS		HOME	6. EMAIL

**SECTION B**

TO BE COMPLETED BY COLLEGE/UNIVERSITY	
<p>The above-named is an applicant for career and technical education administrator certification in Washington State. Please complete the information in this section regarding this applicant. To be valid, this form must be signed by the dean of the college or school of education, the certification officer, the chairman of the education department, or the dean's designee at the institution where the applicant completed his/her career and technical education administrator preparation and certification program. A stamped signature must be initialed by the person using the stamp. Verify the information with the school seal. RETURN THIS FORM TO THE APPLICANT.</p> <p>A. Has this applicant completed your approved career and technical education administrator training program? Date of program completion: _____ A. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. Do you have knowledge that the applicant has been arrested, charged, or convicted of any crime or has a history of any serious behavioral problems? B. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>List any reason you know of why this applicant should not be certified in Washington. _____ _____ _____</p>	
NAME OF COLLEGE/UNIVERSITY	DATE
ADDRESS	
CITY/STATE/ZIP	
TELEPHONE	E-MAIL
NAME (PRINTED) AND TITLE (Chairperson of Education Department/Certification Officer)	SIGNATURE

By signing this form I attest that the above information is true and accurate to the best of my knowledge.

**RETURN COMPLETED FORM TO THE APPLICANT**