



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Certification
 Old Capitol Building
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 (360) 725-6400 TTY (360) 664-3631
 Web Site: <http://www.k12.wa.us/cert/>

WORKSITE LEARNING COURSE COMPLETION VERIFICATION

Please print your full, legal name

1. NAME	LAST	FIRST	MIDDLE	MAIDEN/FORMER NAME
2. ADDRESS				3. DATE OF BIRTH
CITY/STATE/ZIP				4. SOCIAL SECURITY NUMBER (OPTIONAL)
5. TELEPHONE		HOME		6. CERTIFICATION NO.
BUSINESS		7. E-MAIL		

Completion of the Worksite Learning course WAC 181-77A-180 – CTE teacher preparation specialty standards.

Individuals obtaining certification in the areas of coordinator of worksite learning or career choices must demonstrate competency in the following standards.

WAC 181-77A-180

Career and technical education teacher preparation specialty standards.

In addition to the standards identified in WAC 182-82-332 or 181-77A-175, individuals obtaining certification in the areas of coordinator of worksite learning or career choices must demonstrate competency in the following standards.

Since your application does not reflect that information, please complete the following statement. Sign and date the affidavit and return this form to Professional Certification.

Class Title _____ Date _____

Institutional signature verification of completion _____

Name of Institution _____

Print Name _____ Email _____

AFFIDAVIT

I _____, certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature

Date