



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION  
Professional Certification  
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## INSTITUTIONAL VERIFICATION OF CAREER AND TECHNICAL EDUCATION PROGRAM COMPLETION AND CHARACTER

Complete Section A of this form. Send it to the education department of the college/university where you completed your career and technical education teacher 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:				E-MAIL
BUSINESS ( )		HOME ( )		

### SECTION B

TO BE COMPLETED BY COLLEGE/UNIVERSITY	
<p>The above-named is an applicant for career and technical education teacher 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 teacher preparation and certification program. A stamped signature must be initiated 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 teacher training program? A. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Date of program completion. _____</p> <p>B. Career and technical education area in which student teaching was completed: _____ (Agriculture Education, Business Education, Marketing Education, Family and Consumer Sciences Education, or Technology Education)</p> <p>C. College/University has verified that the applicant has successfully met the 2,000 hours of occupational experience in the Career and Technical Education area (Agriculture, Business and Marketing Ed, Family and Consumer Science Ed and/or Technology Ed) for which they are completing their program in? C. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>D. Major area recommended to teach: _____</p> <p>E. Has the applicant completed a course in Work site learning coordination techniques <b>OR</b> has successfully demonstrated all competencies related to coordination techniques as verified by the professional educator standards board approved program (WAC 181-77-068)? E. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>F. 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? YES <input type="checkbox"/> NO <input type="checkbox"/> List any reasons you know of why this applicant should not be certified in Washington. _____</p>	
NAME OF COLLEGE/UNIVERSITY	DATE
ADDRESS	By signing this form I attest that the above information is true and accurate to the best of my knowledge.
CITY/STATE/ZIP	
TELEPHONE ( )	
E-MAIL	
NAME (PRINTED) AND TITLE (Chairperson of Education Department/Certification Officer)	
SIGNATURE	