



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
Professional Education and Certification
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Web Site: <http://www.k12.wa.us/certification/>
E-Mail: cert@k12.wa.us

PROVISIONAL STATUS/EMPLOYER SUPPORT VERIFICATION (WAC 181-78A-505)

Use this form to verify: (1) completion of provisional status employment **or** (2) support for an individual to enroll in the Professional Certificate program, if the individual has not completed provisional status employment.

SECTION A

TO BE COMPLETED BY CANDIDATE

1. NAME LAST FIRST MIDDLE	MAIDEN/FORMER NAME
2. ADDRESS	3. DATE OF BIRTH
4. CITY/STATE/ZIP	5. SOCIAL SECURITY NO (OPTIONAL)
6. TELEPHONE Business () Home ()	7. WA CERTIFICATE NO. 8. E-MAIL ADDRESS

Complete Part 1 **OR** Part 2 only.

SECTION B

TO BE COMPLETED BY EMPLOYER SUPERINTENDENT OR PERSONNEL DIRECTOR ONLY

Part 1. Verification of completion of Provisional Status Employment.

_____ employed as a teacher in the
(Name of Teacher Candidate)
_____. School District, approved private school, or state agency
(Name of school district, approved private school, or state agency)
providing educational services for student, completed provisional status employment on _____
(Date)

(Signature of Superintendent or Personnel Director) (Title) (Date)

Part 2. Statement supporting the teacher candidate's enrollment in the Professional Certificate Program.

Based on our knowledge/evaluation of this teacher candidate, we believe _____,
(Teacher Candidate's Name)
employed as a teacher in the _____ School District,
(Name of school district, approved private school, or state agency providing educational services)
approved private school, or state agency providing educational services to students, is ready to benefit from the professional
growth activities contained in the Professional Certificate program and we support his/her enrollment in the Professional
Certificate program at _____ College or University.
(Name of college/university)

(Signature of Superintendent or Personnel Director) (Title) (Date)