

VERIFICATION BY INSTITUTION: COMPLETION OF APPROVED EDUCATION PROGRAM

TO THE APPLICANT: Fill in the information above the line. Please type or print.

last name

Brady

first name

Christina

middle name

Ann

ma

street address

1506 S. Cedar St

city

Spokane

state

WA

social security number

404-23-6132

TO THE DESIGNATED COLLEGE OFFICIAL:

Fill in ONE of the boxes and BOTH sections at the bottom of the page.

The applicant completed requirements for the

- ☐ bachelor's ☒ master's
☐ six year (educational specialist) ☐ doctorate

degree and **finished an approved education program in**
the licensure area(s) of (e.g. elementary education, music,
secondary mathematics, etc.)

Elementary Education (K-8) and Visual Arts (P-
12)

Date program completed 6-13-2008
month, day, year

The applicant did not earn a degree from this institution
completed an approved education program at the

- ☐ bachelor's ☐ master's
☐ six year (educational specialist) ☐ doctorate

in the license area(s) of (e.g. elementary education,
secondary mathematics, etc.)

Date program completed _____
month, day, year

The program completed meets the following accreditation,
approval, or program requirements (check all that apply):

- ☐ National Council for Accreditation of
Teacher Education (NCATE)
☐ National Association of State Directors of
Teacher Education and Certification Standards
(NASDTEC)

☒ Education program approval by the state of
Washington

☐ Regional accreditation by (name of

The applicant completed an education program approved in the
the level(s) recommended. The approved program was in effect
applicant's period of study.

The Evergreen State
College name of institution

Maggie Foran
designated official (Licensure Officer or Dean of Education)
Assoc. Director Teacher Education Programs/Certificat
Officer

Maggie Foran title 9/28/11