The undersigned attests that the documentation required by the Professional Certification office is on file. Also, the undersigned certifies under penalty of perjury under the

laws of the State of Washington that the foregoing is true and correct:

Institution/Organization:The Evergreen State College Code: 50027 Telephone Number:360.867.6559

Signature: Maggie Foran Date**:** 3/20/13

Organization Program Director/Dean/Director of Education/Certification Officer or Designee

**List Names in Alphabetical Order**

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| --- | --- | --- | --- | --- | --- |
| **Complete Legal Name – Last, First Middle and Address** | **Birthdate** | **Washington Certificate Number** | **Applied after 9/30/11**  **Y/N** | **Endorsements\***  **Area Type** | **OSPI Use**  **Only** |
| Lohman Barbara Gouin  2408 Bowman Ave NW Olympia WA 98502-4406 | 1/11/63 | 443798D | Y | Special Education 3304 N |  |
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\* Endorsements must indicate type (from WAC 180-82A: N = New; from WAC 180-82: P = Primary, S = Supporting; from WAC181-79A: C = Carryover from standards in effect on 8/31/00)