|  |  |
| --- | --- |
| **State of Washington**  **PROFESSIONAL EDUCATION PERMIT**  **Granted in Accordance with Professional Educator Standards Board** | |
| NAME  **Kelly L Lovall-Jones** | |
| CERTIFICATE TYPE  **Residency Teacher First Issue** | |
| ENDORSEMENT(S)  **English Language Arts; Designated Arts: Theatre Arts** | |
| EFFECTIVE DATE EXPIRATION DATE  11/16/14 5/14/15 | SigBox2009.jpg |
| RECOMMENDED BY  The Evergreen State College |
| AUTHORIZED SIGNATURE  Maggie Foran  Certification officer |

**. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Cut here Cut here Cut here**