OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
Professional Education and Certification
Old Capitol Building, PO BOX 47200
OLYMPIA WA 98504-7200
(360) 725-6400 TTY (360) 664-3631
Web Site: http:/ /www.k12.wa.us/certification/
E-Mail: cert@k12.wa.us

VERIFICATION OF ADMINISTRATIVE EXPERIENCE

SECTION I

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 BUSINESS ( ) HOME ( )	WA CERT. NO.
E-MAIL	

If you are applying for the professional administrator certificate, you will need to verify appropriate experience on this form.

SECTION II

TO BE COMPLETED BY EMPLOYER, OR HIS/HER DESIGNEE, WHERE APPLICANT WAS EMPLOYED

Based on personnel records, this statement MUST be prepared and signed by the superintendent or the personnel director of the school district, or private school. Stamped signatures MUST be initialed by the individual using the stamp. Please return this completed form directly to the applicant.

SCHOOL DISTRICT		APPLICANT'S POSITION TITLE	
FROM TO	IF PERSON SERVED IN DUAL ROLE, INDICATE PERCENTAGE OF FULL-TIME EQUIVALENCY IN EACH ROLE:	NUMBER OF DAYS OF SERVICE EACH YEAR:	

SERVICE WAS ☐ FULL-TIME FROM _____ (DATE) TO _____ (DATE)

SERVICE WAS ☐ PART-TIME FROM _____ (DATE) TO _____ (DATE)

SERVICE WAS ☐ SUBSTITUTE FROM _____ (DATE) TO _____ (DATE)

ADDRESS	PRINTED NAME	
CITY/STATE/ZIP	TITLE OF PERSON COMPLETING FORM	
SIGNATURE	DATE	TELEPHONE ( )

RETURN COMPLETED FORM TO APPLICANT

APPLICANT: INCLUDE THIS COMPLETED FORM WITH YOUR OTHER APPLICATION FORMS. RETURN ALL APPLICATION FORMS TO THE COLLEGE/UNIVERSITY WHERE YOU ARE COMPLETING YOUR PROFESSIONAL CERTIFICATION PROGRAM.