



DISTRICT OF COLUMBIA
 OFFICE OF THE STATE SUPERINTENDENT OF
EDUCATION

Approved Program Completion Verification Form for non-D.C. Providers

This form is for applicants who completed state-approved educator preparation programs with institutions/providers located and operating outside of the District of Columbia. Incomplete forms or forms not properly signed shall not be accepted for processing.

I. To be completed by Applicant

Applicant full name:			
Maiden or other names used:			
SSN:		Date of birth:	
Mailing address:			
Email address:		Phone #:	
Name of institution/provider where program was completed:			

II. To be completed by the program's Certification Officer

I certify that the applicant named above has successfully completed ALL requirements of our approved preparation program for certification in the focus area(s) indicated below:

	Name of program concentration/specialty area	Grades covered by program	Date completed
1			
2			
3			

Program type completed:	<input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Adv. Cert. <input type="checkbox"/> Specialist <input type="checkbox"/> Doctorate <input type="checkbox"/> Licensure Only (non-degree)
Pathway/route type:	<input type="checkbox"/> Traditional <input type="checkbox"/> Alternative <input type="checkbox"/> Other:
What type of field experience(s) were required?	
Did completion of the program lead to state certification/licensure?	<input type="checkbox"/> Yes <input type="checkbox"/> No

OR

This applicant did **NOT** successfully complete ALL components of our approved preparation program for certification for the reason(s) checked below:

<input type="checkbox"/> Did not complete the required student teaching / field practicum / internship portion of the program.
<input type="checkbox"/> Did not successfully pass all program required test(s).
<input type="checkbox"/> Did not successfully complete all program requirements in force at the time of his/her attendance.
<input type="checkbox"/> Other:

Signature of verifying official	Printed name	Position/Title
Email address	Contact telephone number	