



# EDUCATION

## DC Educator Preparation Provider - Approved Program Completer Verification Form

The purpose of this form is to verify the satisfactory completion of an approved preparation program(s) for the student/applicant named below. This form may only be completed by the certification officer at the Educator Preparation Provider (EPP) where the student completed his/her preparation program.

### Student/Applicant Information

Last Name, First Name, M.I.			
SSN#	OR		
ECIS APPLICANT ID#			
Date of birth		Gender	

### Program Information

I certify that the student/applicant named above has successfully completed all requirements of our approved educator preparation program(s) as indicated below:

List the specialization area(s) and grade level of the program(s) completed by this student/applicant.

	Program Area of Preparation	Program type	Date completed	Program Route
1				
2				
3				

Name of Educator Preparation Provider	Signature/stamp of Certification Officer	Date verified

Comments:

Upon completion, the authorized EPP certification officer must provide this form to the student/applicant named above. He or she will be required to upload this form when submitting an educator credential application to OSSE. Forms must be complete and bear all required signatures to be processed by OSSE.