EDUCATION
DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF

PROGRAM ADMISSION VERIFICATION FORM

The purpose of this form is to verify that the student/applicant listed below is currently admitted into a state-approved educator certification program at your institution. This form may only be completed by the certification officer at the institution/educator preparation provider (EPP) where the program is being completed. When signed, this form may be returned to the applicant to be submitted along with the other required documents needed when applying for a DC educator credential.

I. Student/Applicant Information

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

(OR between SSN# and ECIS APPLICANT ID#)

II. Approved Program Information

This student/applicant is currently admitted into our state-approved educator certification program that leads to certification in the subject area(s) as indicated:

	Name of program subject area	Grades covered by program
1		
2		

Program start date:	

Program completion leads to:	Bachelor's ☐	Master's ☐	Graduate Certificate ☐
	Specialist ☐	Doctorate ☐	Licensure Only (non-degree) ☐

Program route type:	☐ **Traditional**	☐ **Non-Traditional**	**Other**:

Name of Institution/EPP	State	Phone #

Certification Officer Printed Name	Email address	Date

_____
Certification Officer's Original or Electronic Signature