



DISTRICT OF COLUMBIA

OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

**District of Columbia Local Education Agency (LEA)
Request for an Initial Credential Form**

The purpose of this form is to request an initial teacher or school service provider credential for the individual indicated below.

Instructions

1. Provide all information as required on the form. Incomplete forms shall not be accepted for processing.
2. This form must be signed by the hiring or employment verification official of the employing LEA.
3. Once completed, this form may be given to the employee so that he/she can add it to their application packet or it may be emailed directly to this office at osse.ecis@dc.gov.

EMPLOYEE PERSONAL INFORMATION			
Employee's full name:			
SSN (last 4 digits):		D.O.B:	
Mailing address:			
Email address:		Phone:	
SCHOOL ASSIGNMENT INFORMATION			
Assignment Category:		Date of Hire:	
Subject Area:		Grade(s):	
DC LEA HIRING OFFICIAL'S INFORMATION and CONFIRMATION			
Name of LEA/School:			
Campus Address:			
Hiring Official's Name:	(Printed name)		
Title:			
Email address:			
Phone:			

By my signature and date, I hereby confirm the information for the employee listed on this form and request from OSSE issuance of an initial credential for the school assignment as indicated above.

Hiring Official's Original Signature or Electronic Signature	Date

If you have any questions, please contact our office at OSSE.Asklicensure@dc.gov or (202) 741-5881.