



DISTRICT OF COLUMBIA
 OFFICE OF THE STATE SUPERINTENDENT OF
EDUCATION

F-4 PROGRAM ADMISSION VERIFICATION FORM

Part I. Program Enrollee Admission Verification Section

The purpose of this form is to verify the program admission and hiring of the student/applicant named below. 'Part I' must be completed by the certifying official of the Education Program Provider (EPP) institution where the student is admitted. Once completed, this form should be given to the student/applicant so that they can have 'Part II' of this form completed by the hiring official of the D.C. local education agency (LEA) where he/she has been hired.

STUDENT/APPLICANT INFORMATION

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

PROGRAM ADMISSION INFORMATION

I certify that the student named above has been admitted into our approved preparation program(s) as indicated below:

List the specialization area(s) and grade level of the program in which this student is admitted.

| | |
|---|--|
| 1 | |
| 2 | |

| | |
|--|--|
| This student started our program on the date of: | |
| His/Her anticipated date of completion is: | |
| The program route type is: | <input type="checkbox"/> TRADITIONAL <input type="checkbox"/> NON-TRADITIONAL OR ALTERNATIVE |

| | | |
|---|-----------------------|--------------------|
| Name of Educator Preparation Provider / Institution Name | | State |
| | | |
| Printed name of verifying official | E-mail address | Telephone # |
| | | |
| Signature | | Date signed |
| | | |

F-4 PROGRAM ADMISSION VERIFICATION FORM continued

| Part II. Employment Verification Section | | |
|---|---|------------------------------|
| This section may only be completed the hiring official of the employing D.C.: public, public charter or private school. By completing this section you certify that this applicant has been hired as the official 'teacher of record' at this school with the employment assignment as indicated below. | | |
| School Name | Teaching Assignment Subject Area | Grade Level(s) Taught |
| | | |
| Printed Name of Hiring Official | Email Address | Telephone # |
| | | |
| Hiring Official's Signature | | Contact Phone Number |
| | | |

Once this form has been completed by all required parties, it must be given to the student/applicant named above. He/she shall be required to upload this form when submitting their online application for credentialing. Incomplete forms and/or forms not properly affixed with all required signatures shall not be accepted.