



DISTRICT OF COLUMBIA  
OFFICE OF THE STATE SUPERINTENDENT OF

# EDUCATION

## PROGRAM ADMISSION VERIFICATION FORM FOR EDUCATOR PROGRAM PROVIDERS (EPP) OUTSIDE OF THE DISTRICT OF COLUMBIA

The purpose of this form is to verify that the applicant listed below is currently admitted into a state-approved educator credentialing program at your institution. Upon completion of this form by the EPP certification officer, this form is to be returned to the applicant to be submitted along with other required documents needed to apply for a DC educator credential.

### I. PROGRAM ENROLLEE INFORMATION

Applicant full name:			
SSN (last 4 digits):		Date of Birth:	
Mailing address:			
Email address:		Phone:	
Name of EPP/Institution where admitted/enrolled:			

This individual is currently admitted into our approved preparation program that leads to state 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:	<b>Traditional</b>	<b>Non-Traditional</b>	<b>Other:</b>

Name of EPP/Institution	State	Phone
EPP Certification Officer Printed Name	Email address	Date

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EPP Certification Officer's Original or Electronic Signature