



DISTRICT OF COLUMBIA
 OFFICE OF THE STATE SUPERINTENDENT OF
EDUCATION

**PROGRAM COMPLETION 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 has completed a state-approved educator credentialing program at your institution. Section I is completed by the applicant. Section II is completed by the EPP certification officer. Upon completion of this form by the 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.

Section I. Applicant Information

Applicant full name:			
SSN (last 4 digits):		Date of birth:	
Mailing address:			
Email address:		Phone:	
Name of EPP/Institution where program was completed:			

Section II. EPP Certification Officer Verification and Information

	Name of program subject area	Grades covered by program	Date completed
1			
2			
Program type completed:	Bachelor's	Master's	Graduate Certificate
	Specialist	Doctorate	Licensure Only (non-degree)
Pathway route type:	Traditional	Non-traditional	Other:
Describe the type of field experience(s) completed.			
<input type="checkbox"/>	This individual has successfully completed all requirements of our approved educator credentialing program which leads to state certification in the subject area(s) indicated.		
<input type="checkbox"/>	This individual DID NOT successfully complete all requirements of our approved educator credentialing program, for the reason(s) checked below.		
<input type="checkbox"/>	Did not successfully complete all student teaching, practicum, internship and/or experience requirements.		
<input type="checkbox"/>	Did not successfully pass all program required test(s).		
<input type="checkbox"/>	Other:		

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

 EPP Certification Officer's Original or Electronic Signature