

## **Educator Certification Exam Verification**

The Office of the State Superintendent of Education (OSSE) recognizes passing scores for comparable basic skills, subject content, and pedagogy exams required to earn a full educator credential held in another state. To accept out-of-state certification exams, the applicant must hold an active full educator credential (i.e. with no deficiencies) in another state with comparable authorizations to the D.C. credential that is being sought. Applicants who are unable to present proper documentation verifying satisfactory completion of all required certification exams must pass the corresponding DC exam(s) prior to the issuance of the respective credential.

#### Part 1 – To be completed by the applicant

The applicant applying for a DC educator credential must complete this section. Please remember to sign and date the form. Once completed, please forward this form to the verification official in the state licensure agency where you were issued your educator credential.

Applicant Name:						
D.O.B.		Last 4 digits of SSN:				
Email address:						
Street address:						
I hold a full educator credential issued by the state of:						
To obtain my credential, I was required to pass the following licensure exams: (check all that apply)						
□Basic skills exam □Subject content knowledge exam □Pedagogy / Methods exam						
By my signature, I hereby authorize the Office of the State Superintendent of Education (OSSE) to share or obtain any information						
regarding this application with a previous, current or potential employer or other licensing entity for use in this application						
process. I also certify that the information on this form is accurate, complete and true. I understand that any finding of						
misrepresentation may result in the denial or revocation of my application or license/certificate.						
Applicant signature:			Date:			

#### Part 2 – To be completed by the state educator credential verification official

The applicant named above has applied for an educator credential in the District of Columbia and requires official verification of the exams that he/she was required to pass in your state to obtain educator certification in the indicated area. Once completed, please see the submission procedures listed below.

The applicant named above has '**Passed**' the educator certification exam(s) required by this state as indicated below.

Test Type		Completion status		n status	Date test was passed
Basic skills – Readir	ng	□YES	□NO		
Basic skills – Writing		□YES	□NO		
Basic skills – Mathe	ematics	□YES	□NO		
Subject Content:	(List subject area)	□YES	□NO		
Subject Content:	(List subject area)	□YES	□NO		
Subject Content:	(List subject area)	□YES	□NO		
Pedagogy:	(List grades covered)	□YES	□NO		
Pedagogy:	(List grades covered)	□YES	□NO		
Pedagogy:	(List grades covered)	□YES	□NO		

# Educator Certification Exam Verification continued

### **Verifying Official's Information**

Printed name:	
Title:	
Email Address:	
Name of Agency:	
State/Jurisdiction:	
Telephone#:	
Signature:	Date:

Upon completion, this form may be emailed directly back to this office at <u>Osse.asklicensure@dc.gov</u> OR it may be returned to the applicant as a PDF-secured document to be submitted with all other required documents.

If you have any questions, please contact our office at <u>Osse.asklicensure@dc.gov</u> or call 202.741.5881.