



EDUCATOR CREDENTIALING TEST SCORE VERIFICATION FORM

The District of Columbia recognizes scores for comparable basic skills, subject content and pedagogy certification and/or licensure exams passed in another state if those exams were required to obtain an educator credential in that state. Applicants must hold a valid full educator license/credential from the other state with comparable authorizations to the D.C. credential being sought, for those exams to be accepted in lieu of the District of Columbia required exams. Applicants who are unable to present proper documentation verifying satisfactory completion of all required exams must pass the applicable D.C. exam prior to the issuance of a full credential.

Part 1 – To be completed by 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.			
Full 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)			
<input type="checkbox"/> Basic skills exam <input type="checkbox"/> Subject content knowledge exam <input type="checkbox"/> 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 state educator licensure verification official				
The applicant named above has applied for an educator credential in the District of Columbia and requires official verification of the exams he/she passed in your state to obtain educator licensure. Once completed, please see submission procedures listed below.				
<input type="checkbox"/> I have researched our records and certify that the applicant named above has 'Passed' the educator licensure/credentialing exams required by this state, as indicated below.				
Test Type	Completion status			Date test was passed
Basic skills – Reading	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN	
Basic skills – Writing	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN	
Basic skills – Mathematics	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN	
Subject Content: (List subject area)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN	
Subject Content: (List subject area)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN	
Subject Content: (List subject area)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN	
Pedagogy: (List grades covered)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN	
Pedagogy: (List grades covered)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN	
Pedagogy: (List grades covered)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN	

TEST SCORE VERIFICATION continued

Verifying Official's Information

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

Once completed and signed by the appropriate party, this form may be given back to the applicant to be submitted with their other required documents. This form may also be scanned and emailed directly to us as osse.asklicensure@dc.gov.

If you have any questions, please contact our office at osse.asklicensure@dc.gov or 202.741.5881.