

PROFESSIONAL CERTIFICATE

ADMISSION REQUIREMENTS / CHECKLIST

1) Transcripts

- Have your official transcripts sent to:

Registrar's Office
11900 NE First Street
Bellevue, WA 98005

Transcript request form available online at www.cityu.edu/forms.

2) Admission Application

Complete the application for admission to City University of Seattle (online at www.cityu.edu/forms or by contacting an advisor at 888.422.4898 or info@cityu.edu) and submit the application and application fee to the site nearest your location listed below. (Teachers wishing to enter the Master's in Education program in addition to the Professional Certificate Program will also need to complete the requirements for the M.Ed. Admission Portfolio).

Tacoma: 3700 Pacific Hwy E, Suite 112 • Fife, WA 98424 • 800.345.9056

Bellevue: 11900 NE First Street • Bellevue, WA 98005 • 800.426.5596

Vancouver: 12500 SE 2nd Circle, Suite 200 • Vancouver, WA 98684-6028 • 800.474.6850

Everett: 1000 SE Everett Mall Way, Suite 101 • Everett, WA 98208 • 800.474.6849

3) Recommendations and Verifications

All applicants please submit the following materials for the Professional Certificate Program to:

**Professional Certificate,
Gordon Albright School of Education**
11900 NE First Street
Bellevue, WA 98005

— OR —

**Professional Certificate,
Gordon Albright School of Education**
12500 SE 2nd Circle, Suite 200
Vancouver, WA 98684

1. The School District Verification of Employment and Recommendation for Admission to the Pre-Assessment Seminar form.
2. A copy of your Washington State teacher's certificate (front and back).
3. The Verification of Provisional Status / Employer Support form. The candidate's Human Resources department must submit this form before the candidate is eligible to begin EPC 502, the Professional Growth Core.

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VERIFICATION OF EMPLOYMENT & RECOMMENDATION FOR ADMISSION

Professional Certificate School District Verification of Employment and Recommendation for Admission to the Pre-assessment Seminar

Instructions to the candidate: Candidates applying for entry into the pre-assessment seminar (EPC 501) must document that they are a teacher in good standing in a public or a state board of education approved private school and that the school district recommends their admission to the pre-assessment seminar.

Part 1: to be completed by the candidate:

Name _____
Last First Middle Maiden/Former if applicable

Address _____

City State/Province Country Postal Code

Day Phone (_____) _____ Evening Phone (_____) _____

E-mail _____

Part 2: to be completed by employer, or his/her designee, where candidate is employed as a teacher:

Based on personal records, this statement must be prepared and signed by the superintendent or the personnel director of the school district or private school. Please return the completed form directly to the candidate.

School District/Private School:

Address _____

City State/Province Country Postal Code

Day Phone (_____) _____ Evening Phone (_____) _____

E-mail _____

The signature below verifies that this candidate currently is a contracted teacher with our school district/private school and is recommended by the District for admission to the pre-assessment seminar for the Professional Certificate program.

Printed Name: _____ Title: _____

Signature: _____ Date: _____



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Education and Certification
 Old Capitol Building, PO BOX 47200
 OLYMPIA WA 98504-7200
 (360) 725-6400 TTY (360) 664-3631
 Web Site: <http://www.k12.wa.us/certification/>
 E-Mail: cert@k12.wa.us

PROVISIONAL STATUS/EMPLOYER SUPPORT VERIFICATION (WAC 181-78A-505)

Use this form to verify: (1) completion of provisional status employment **or** (2) support for an individual to enroll in the Professional Certificate program, if the individual has not completed provisional status employment.

SECTION A

TO BE COMPLETED BY CANDIDATE

1. NAME	LAST	FIRST	MIDDLE	MAIDEN/FORMER NAME
2. ADDRESS				3. DATE OF BIRTH
4. CITY/STATE/ZIP				5. SOCIAL SECURITY NO (OPTIONAL)
6. TELEPHONE		7. WA CERTIFICATE NO.		8. E-MAIL ADDRESS
Business ()		Home ()		

Complete Part 1 **OR** Part 2 only.

SECTION B

TO BE COMPLETED BY EMPLOYER SUPERINTENDENT OR PERSONNEL DIRECTOR ONLY

Part 1. Verification of completion of Provisional Status Employment.

_____ employed as a teacher in the
 (Name of Teacher Candidate)

_____ School District, approved private school, or state agency
 (Name of school district, approved private school, or state agency)

providing educational services for student, completed provisional status employment on _____
 (Date)

 (Signature of Superintendent or Personnel Director) (Title) (Date)

Part 2. Statement supporting the teacher candidate's enrollment in the Professional Certificate Program.

Based on our knowledge/evaluation of this teacher candidate, we believe _____,
 (Teacher Candidate's Name)

employed as a teacher in the _____ School District,
 (Name of school district, approved private school, or state agency providing educational services)

approved private school, or state agency providing educational services to students, is ready to benefit from the professional growth activities contained in the Professional Certificate program and we support his/her enrollment in the Professional Certificate program at _____ College or University.
 (Name of college/university)

 (Signature of Superintendent or Personnel Director) (Title) (Date)