

# PROFESSIONAL CERTIFICATE

## ADMISSION REQUIREMENTS / CHECKLIST

### 1) Transcripts

- Have your official transcripts sent to:

**Registrar's Office**  
521 Wall St., Suite 100  
Seattle, WA 98121

Transcript request form available online at [www.cityu.edu/forms](http://www.cityu.edu/forms).

### 2) Admission Application

Complete the application for admission to City University of Seattle (online at [www.cityu.edu/forms](http://www.cityu.edu/forms) or by contacting an advisor at 888.422.4898 or [info@cityu.edu](mailto: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

**Seattle:** 521 Wall St., Suite 100 • Seattle, WA 98121 • 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**  
521 Wall St., Suite 100  
Seattle, WA 98121

— 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](mailto: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		
<b>Part 1.</b> 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)
<b>Part 2.</b> 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)