OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
Professional 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

VERIFICATION OF PREPARATION/CERTIFICATION PROGRAM ENROLLMENT

Complete Section A of this form. Send it to the education department of the college/university where you are currently enrolled in your preparation and certification program. This form, when returned to you, is to be included with your application packet.

SECTION A

TO BE COMPLETED BY APPLICANT

1. NAME LAST: Fishser FIRST: Jason MIDDLE: Jung	MAIDEN/FORMER NAME:
2. ADDRESS: 10404 178th ave e	3. DATE OF BIRTH: 10/09/1969
CITY/STATE/ZIP: Bonney Lake	4. SOCIAL SECURITY NO. (OPTIONAL):
5. TELEPHONE BUSINESS: HOME: 253-324-2961	6. E-MAIL: jjfisher1969@gmail.com

SECTION B

TO BE COMPLETED BY COLLEGE/UNIVERSITY

The above-named is an applicant for certification in Washington State. Complete information in Section B regarding this applicant. To be valid, this form must be signed by the dean of the college or school of education, the certification officer, the chairman of the education department, or the dean's designee at the institution where the applicant is currently enrolled in his/her preparation and certification program. A stamped signature must be initialed by the person using the stamp. Verify the information with the school seal. RETURN THIS FORM TO THE APPLICANT.

A. Is the applicant currently enrolled in your state-approved preparation and certification program? A. ☑ YES ☐ NO

B. Is this a teacher or principal program? Teacher

Anticipated date of program completion. Unknown - potentially eligible for Fall 2027 student teaching if deadlines are met.

State in which program is approved: Arizona

C. Major area(s) in which applicant will be recommended: Secondary Ed. - Health/Fitness, 6-12

D. Additional area(s) applicant may be eligible to be certified: _____

E. Will the applicant be eligible for certification in the state in which the program is approved at the completion of the program? E. ☐ YES ☑ NO

If no, what are/will be the deficiencies? AZ-accepted content exam, Professional Knowledge exam, & AZ Fingerprint Clearance Card.

F. Do you have knowledge that the applicant has been arrested, charged, or convicted of any crime or has a history of any serious behavioral problems? YES ☐ NO ☑

List any reason you know of why this applicant should not be certified in Washington. _____

NAME OF COLLEGE/UNIVERSITY: University of Phoenix	DATE: 9/30/2025
ADDRESS: 4035 S. Riverpoint Pkwy.	
CITY/STATE/ZIP: Phoenix, AZ 85040	E-MAIL: Jennifer.Blickensdorf@phoenix.edu
TELEPHONE: 602-713-7360	NAME (PRINTED): Jennifer Blickensdorf
SIGNATURE AND TITLE (Chairperson of Education Department/Certification Officer): Jennifer Blickensdorf, Credential Analyst	

COLLEGE SEAL
This form must bear the college/university seal.

University of Phoenix

RETURN COMPLETED FORM TO THE APPLICANT

FORM SPI/CERT 4050E (Rev. 1/18)