



The purpose of this form is for an employing DC LEA to request the issuance of an Initial teaching credential on behalf of the employee named below.

1. This form must be signed by the appropriate hiring official of the employing DC LEA/school.
2. Incomplete forms shall not be accepted for processing.
3. Once completed, this signed form may be given to the employee to be uploaded as one of their supporting documents when submitting their online ECIS application or may be submitted via email to [osse.ecis@dc.gov](mailto:osse.ecis@dc.gov) if the applicant has already submitted an application to OSSE during the current school year.

Employee's full name:	
Social security number (or) ECIS Applicant Unique ID #: (ex. 199-90-####)	
1. What is the subject area of the teaching assignment?	
2. What are the grade(s) to be taught?	
3. Has this employee passed the required basic skills exam?	
4. Has this employee passed the required subject content exam for this teaching assignment?	
5. Has this employee submitted an educator credential application to OSSE during this current school year?	
Name of hiring LEA/school:	
Street Address:	
Printed name of hiring official:	

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