



COLLEGE OF EDUCATION | SECONDARY EDUCATION

## Principal Certification Program Completion Checklist

**Upon completion of all required coursework, the following steps must be taken to receive your Principal certification:**

1. Fill out the *Declaration of Intent* form (see backside of this sheet) and return the form to your program advisor, Dr. Sirrakos. Upon department approval, the signed form will be processed by our certification officer, Ms. Tanya Faust.
2. Apply for certification on TIMS, the Teacher Management System:



For help with TIMS, see their FAQ page here:



*Kutztown University*  
*College of Education*  
**Declaration of Intent to Complete  
Teacher Certification Only**

Spring 20\_\_\_\_\_

Summer 20\_\_\_\_\_

December 20\_\_\_\_\_

**Name:** \_\_\_\_\_  
(Please print or type)

**Student ID Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number: Home:** (\_\_\_\_) \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

*I completed the below program requirements and would like to receive the certification/endorsement in:*

- |   |   |
|---|---|
| <input type="checkbox"/> Art Education Certification                    | <input checked="" type="checkbox"/> PK-12 Principal Certification           |
| <input type="checkbox"/> Autism Endorsement                             | <input type="checkbox"/> PK-12 School Counselor Certification               |
| <input type="checkbox"/> ESL (English as a Second Language) Endorsement | <input type="checkbox"/> Reading Specialist Certification                   |
| <input type="checkbox"/> Instructional Coaching                         | <input type="checkbox"/> Special Education                                  |
| <input type="checkbox"/> Instructional Technology Specialist            | <input type="checkbox"/> Supervisory Curriculum & Instruction Certification |
| <input type="checkbox"/> Library Science Certification                  | <input type="checkbox"/> Visually Impaired                                  |
| <input type="checkbox"/> Music Education                                | <input type="checkbox"/> School Social Work                                 |

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Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Chair's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Certification Officer's Signature \_\_\_\_\_ Date \_\_\_\_\_