



**DUAL CREDIT  
TEACHER VERIFICATION FORM  
2016-2017**

*(Please use ink and print clearly)*

Teacher Name: \_\_\_\_\_  
(last) (First)

High School: \_\_\_\_\_ District: \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

I certify that in 2016-2017 I will teach high school courses to meet 100% of the competencies outlined in the following articulation agreements:

Articulation Title	Required High School Course 1 Title	Required High School Course 2 Title
1.		
2.		
3.		
4.		
5.		

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Career & Technical Education Director Signature

\_\_\_\_\_  
Date

Return form to: Wenatchee Valley College/Tech Prep  
ATTN: Riva Morgan  
1300 Fifth St.  
Wenatchee, WA 98801  
(509) 682-6847 / Fax (509) 682-6601