
Endorsement of Supervisor/Administrator

This section is to be signed by the supervisor or school administrator who is able to verify information listed in the above section.

I, _____, verify to the best of my knowledge that the information in this application specific to the provision of hours of direct physical education instruction to individuals with disabilities is accurate. I verify the applicant has fulfilled the eligibility requirements for certification as set forth by the NCPEID. I realize NCPEID reserves the right to contact me about this information.

Name of Supervisor/Administrator

Relationship to Applicant (e.g., Principal, Special Education Supervisor, etc.)

Signature of Supervisor/Administrator

Date

Address of Supervisor/Administrator

Work Phone Number

Email Address