



Verification of Computer Science Endorsement Training

Arizona Department of Education – Certification Unit

General Information

This form is used to verify completion of clock hours of computer science training to meet coursework requirements for a Computer Science, PreK-8 or 6-12 endorsement.

Instructions

This form must be completed and signed by the **superintendent or personnel director** of an Arizona school district or charter school. Please complete the following steps when completing this form:

Step 1: Provide the applicant's personal information.

Step 2: Verify the information related to the applicant's computer science trainings.

Step 3: Provide your information and sign the form.

Step 4: Save the completed PDF form with the applicant's name.

Step 5: Email the completed PDF form to the Certification office at Certification@azed.gov. You may provide a copy to the applicant; however, verification of computer science training will only be accepted if it is signed by the superintendent or personnel director and emailed directly by the school district or charter school to Certification@azed.gov.



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Applicant’s Personal Information

Full Legal Name: Last: _____ First: _____

Educator ID or Social Security Number: _____

1: Foundations for teaching computer science

- Did the above-named applicant complete at least 45 clock hours of training, or the equivalent competency-based credential, in foundations for teaching computer science which addresses the following topics: Introduction to computer science; Inclusive recruitment, retention, and pedagogical strategies for computer science education; Computational thinking; Instructional planning based on the Arizona state standards for computer science, or comparable computer science standards?

Yes No

If you answered “Yes” above, please indicate the date completed:

2: Teaching and learning programming for educators

- Did the above-named applicant complete 45 clock hours of training, or the equivalent competency-based credential, covering teaching and learning programming?

Yes No

If you answered “Yes” above, please indicate the date completed:

3: Additional Computer Science Trainings

- Please indicate the title, number of clock hours, and date completed for any additional computer science trainings. If needed, complete the next page to verify additional trainings.

Title of Computer Science Training	Num. of Clock Hours	Date Completed

I verify the above information to be true and correct.

Signature of Superintendent/Personnel Director	Title	Date
Print/Type Name:	Email:	
Name of District or Charter Holder:	Phone Number	

The completed verification form should be emailed by the district/charter school office to Certification@azed.gov.
Forms submitted by the applicant may not be accepted.

