



## SUPERVISOR VERIFICATION OF APPLICANT SKILLS & KNOWLEDGE

Documentation of completion of each element can include a statement that demonstrates your competency if there is no other documentation available. Have your immediate supervisor verify your statement on this form.

### APPLICANT INFORMATION

Name \_\_\_\_\_  
School District \_\_\_\_\_ Date \_\_\_\_\_  
Position \_\_\_\_\_

Applying for Certification As (Check one):

Certified School Facilities  Specialist Certified School Facilities Manager

**GROWTH ELEMENTS TO BE VERIFIED** (submittals attached) - to be filled in by applicant

| Element Number   | Item Description      |
|------------------|-----------------------|
| (Example: #VI.B) | (Example: Leadership) |
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### INSTRUCTIONS TO SUPERVISOR

The above applicant is applying to the Oregon School Facilities Management Association (OSFMA) for the certification indicated. The program gives credit, in part, for skills and knowledge that are achieved through experience on the job. The applicant has selected one or more areas where this applies and is documenting this fact with written report(s). Please read the documents to be submitted and verify below that the applicant does possess the skills and knowledge presented.

Thank you.

### VERIFICATION OF SUPERVISOR

Name \_\_\_\_\_  
Job Title \_\_\_\_\_ Date \_\_\_\_\_

I verify that I have read the documents listed above and that they fairly represent the knowledge and skill level possessed by the applicant.

SIGNED \_\_\_\_\_