



Professional Certification
SUPERVISOR VERIFICATION
Oregon School Facilities Management Association

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

| |
|------------------------|
| <i>Name</i> |
| <i>Title</i> |
| <i>School/District</i> |

Applying for

- Certified School Facilities Manager Certified School Facilities Specialist

| Element Number | Item Description |
|-----------------------|-------------------------|
| (Example: #VI. B.) | (Example: Leadership) |
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Instructions

The above applicant is applying for Oregon School Facilities Management Association (OSFMA) Professional Certification. 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.

Supervisor Verification

| | |
|---|--------------|
| <i>Name</i> | <i>Title</i> |
| I verify that I have read the documents listed above and that they fairly represent the knowledge and skill level possessed by the applicant. | |
| <i>Signed</i> | <i>Date</i> |