

Certificate of Competency in Early Intervention

PDE Instructional Certificate Attestation Form

Please include the following documentation with this form to the Bureau of Early Intervention Services and Family Supports:

- Copy of Pennsylvania Department of Education Instructional Certificate or PDE Educational Specialist School Speech and Language Pathologist PK-12 Certificate
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CoCEI Provider name: _____

CoCEI Provider email address: _____

Name of Preschool Early Intervention (EI) program contracting with CoCEI provider:

Contact person: _____

Preschool EI program name: _____

Address: _____

Email: _____

Phone number: _____

Name of provider agency employing CoCEI Provider or own name if independent contractor:

Contact person: _____

Agency name: _____

Address: _____

Email: _____

Phone number: _____

I attest that _____ (name) obtained their Pennsylvania Department of Education Instructional Certificate or their PDE Educational Specialist School Speech and Language Pathologist PK-12 Certificate on _____ (date) and is no longer in need of a CoCEI.

I have included a copy of the PDE Instructional Certificate/PDE Educational Specialist School Speech and Language Pathologist PK-12 Certificate with this form.

Signature of Preschool EI Program Supervisor: _____

Date: _____

Please submit form to: RA-PWCOCEIprogram@pa.gov