



COLTON-REDLANDS-YUCAIPA  
REGIONAL OCCUPATIONAL PROGRAM  
**CERTIFICATION REQUEST**

**BASIC INFORMATION**

Teacher: \_\_\_\_\_ Program: \_\_\_\_\_

Name of Certification: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Certification Completion Date: \_\_\_\_\_

What is the certification process, i.e. lesson planning with dates, delivery method of certification, supplies/materials to purchase, add'l support requested, such as proctor and testing site if needed, etc...:

**\*If travel to CRY-ROP Main Campus Testing Center is requested, please complete the "Field Trip Request" packet in addition to this Certification Request.**

**ORDER INFORMATION**

Name of Vendor: \_\_\_\_\_ Vendor Phone # \_\_\_\_\_

Vendor Website: \_\_\_\_\_ Cost per student: \$ \_\_\_\_\_

Number of students participating: \_\_\_\_\_

If vouchers are used, do they expire? Y N If yes, how long are vouchers good for? \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Request Received: \_\_\_\_\_

Is research of certification request required? Y N If yes, date assigned to Test Examiner: \_\_\_\_\_

Projected research completion date (if needed): \_\_\_\_\_

Actual research completion date: \_\_\_\_\_ Certification Request Approval: Y N

Director of Student Services Signature/Date: \_\_\_\_\_

Total Order Amount: \$ \_\_\_\_\_ Date of FIN2k request to Admin Asst: \_\_\_\_\_

Date entered into FIN2k: \_\_\_\_\_ Projected Delivery Date: \_\_\_\_\_

Requisition/PO #: \_\_\_\_\_