



Verification of General Education Physical Education Hours

This letter serves to verify that _____ has successfully completed a minimum of 30 hours of physical education instruction in a general education setting.

The minimum hours have been met by one of the following:
(Please check one option and provide the dates completed)

- 30 hours of general education physical education was taught as part of curriculum requirements during a general education phase of Clinical Practice/student teaching

Please provide the dates the Clinical Practice phase took place on your campus:

- 30 hours of general education physical education was taught as part of a credentialed position requiring general education be taught by the teacher of record as part of the contracted grade level curriculum requirements

Please provide the dates/school year in which the credential teacher taught general education physical education as part of their contracted curriculum requirements for your school: -

Administrator Signature: _____ Date: _____

School Site/District: _____

Signature of PLNU Student: _____

PLNU Student ID Number: _____

Please submit the signed verification form to Heather Bertrand at hbertran@pointloma.edu