



Approved Program Verification Form OUT-OF-STATE

Use this form for Teacher, Principal, Administrator, Director of Special Education or Director of Gifted Education Initial Licensure AND Teacher Added Endorsements

DIRECTIONS

Applicant: Complete the "Applicant" section (shaded) below - including the last four digits of your social security number and your college/university id number (if available) - and forward this form to your college, university or program representative for approval and signature. You will need to upload a copy of the completed form to your application.

Dean, Certification Officer or Alternative Program Representative: Please complete the "Dean, Certification Officer or Alternative Program Representative" section below in its entirety and return this signed form to the applicant for inclusion in an application.

To be completed by the Applicant

* Required Field by Applicant

Select the type of license for which you are applying: (Choose only one)
[] Teacher [] Principal [] Administrator [] Director of Special Education [] Director of Gifted Education [] Teacher Added Endorsement
Last Name* First Name* Middle Name Date of Birth*
List any Previous Names Used* Contact Daytime Phone* Email Address*
Mailing Street Address* City* State* Zip*
Social Security Number* College/University ID Number

(Choose One)*
[] I am an in-state applicant and completed a traditional teacher preparation program.
[] I am an in-state applicant and completed an alternative teacher preparation program.
[] I am an out-of-state applicant and completed a traditional teacher preparation / endorsement program.
[] I am an out-of-state applicant and completed an alternative teacher preparation program.**
**With this form you must also include a signed letter from your state department of education confirming the alternative preparation program and its requirements for admission and completion.

Note: In-state or out-of-state pertains to the location of the preparation program, not your physical residence.

To be completed by the Dean, Certification Officer or Alternative Program Representative

1 The applicant successfully completed an approved educator preparation/endorsement program on: Date
2 The applicant's major endorsement area is: Examples: Elementary Education, Social Studies, Principal
3 The applicant's grade-level specialization is: Examples: Elementary, Secondary, K-12, etc.
4 The applicant holds/is eligible to hold a license in the state in which the applicant completed the program. [] Yes [] No
5 Was a content exam required for program completion? [] Yes [] No If yes, was this requirement met? [] Yes [] No

I verify the applicant named above has fulfilled the following requirements of the preparation/endorsement program:
a. Completion of a state-approved educator preparation/endorsement program in the area(s) identified;
b. Successful completion of the assessment(s) required for program completion and licensure in the state of preparation;
c. Completion of student teaching, internship or practicum in the grade/developmental level and endorsement area sought.
[] Yes [] No* *If no, indicate why not and list any remaining requirements:

Dean, Certification Officer or Alternative Program Representative

College/University or Alternative Program Name
Street Address City State Zip Phone Number
Name (printed or typed) Title Date
Signature Contact email address