



Approved Program Verification Form

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*

☐ None

Mailing Street Address* City* State* Zip*

Social Security Number* **X X X - X X -** College/University ID Number
(last 4) (leave blank if none or if unknown)

A (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.**

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

****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.**

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:

- Completion of a state-approved educator preparation/endorsement program in the area(s) identified;
- Successful completion of the assessment(s) required for program completion and licensure in the state of preparation;
- 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

APV02012021