



Approved Program Verification Form

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

DIRECTIONS

Applicant: Print this page and upon completion of the "applicant" section (shaded) below - including the last four digits of your social security number and your college/university identification number (if available) - forward this form to your college, university or program representative for approval and signature. Upload a copy of this signed form into your application prior to submission to CDE. Do not mail hardcopies to CDE (unless requested).

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 either in hardcopy format or electronically to the applicant.

To be completed by the Applicant

* Required Field by Applicant

Select the type of license for which you are applying: (Choose only ONE type)
[] 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 program.
[] I am an out-of-state applicant and completed an alternative teacher preparation program.**
Note: When choosing in-state or out-of-state, this directly relates to where you completed your teacher preparation program. It has nothing to do with where you physically live.

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

1 The applicant successfully completed an approved educator preparation 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 or is eligible to hold a license in the state in which the applicant completed the program. [] Yes [] No
5 I verify that the applicant has completed the following components of a teacher preparation program:
- Completion of a state authorized educator preparation program, including an alternative teacher preparation program, in the endorsement area(s) sought
- Has provided evidence of satisfactory completion of the assessments appropriate to the license requested
- Completion of student teaching, internship or practicum in the grade/developmental level and endorsement/specialization areas sought
[] Yes [] No If no or you are not able to verify the above, please indicate why here 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