



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*
<input type="checkbox"/> None			
Mailing Street Address*		City*	State* Zip*
Social Security Number* <small>(last 4)</small>	College/University ID Number <small>(leave blank if none or if unknown)</small>		
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A	<p><small>(Choose One)*</small></p> <p><input type="checkbox"/> I am an <i>in-state</i> applicant and completed a traditional teacher preparation program.</p> <p><input type="checkbox"/> I am an <i>in-state</i> applicant and completed an alternative teacher preparation program.</p> <p><input type="checkbox"/> I am an <i>out-of-state</i> applicant and completed a traditional teacher preparation program.</p> <p><input type="checkbox"/> I am an <i>out-of-state</i> applicant and completed an alternative teacher preparation program.**</p> <p><small>**Please note: You must submit a signed letter from your state department of education which approved the alternative preparation program confirming your completion of the program.</small></p>	<p>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.</p>
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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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	<p>I verify that the applicant has completed the following components of a teacher preparation program:</p> <ul style="list-style-type: none"> <input checked="" type="radio"/> Completion of a state authorized educator preparation program, including an alternative teacher preparation program, in the endorsement area(s) sought <input checked="" type="radio"/> Has provided evidence of satisfactory completion of the assessments appropriate to the license requested <input checked="" type="radio"/> Completion of student teaching, internship or practicum in the grade/developmental level and endorsement/specialization areas sought <p><input type="checkbox"/> Yes <input type="checkbox"/> No If no or you are not able to verify the above, please indicate why here and list any remaining requirements:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	

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			