



Approved Program Verification Form

Use this form only for Special Service Provider Initial Licensure

DIRECTIONS Applicant: Print this page and upon completion of the "applicant" section (shaded blue) below... Designated Program Representative: Please complete the "Designated Representative of Preparation Program" section (shaded green) below in its entirety...

To be completed by the Applicant

Form section for applicant completion including fields for Last Name, First Name, Middle Name, Date of Birth, Social Security Number, and College/University ID Number.

To be completed by the Designated Representative of the Preparation Program

Form section for designated representative completion including questions 1-7 regarding program completion, endorsement area, practicum completion, and eligibility.

Designated Representative of the Preparation Program completing form

Form section for designated representative completion including fields for College/University or Alternative Program Name, Street Address, Name, Title, Date, Signature, and Contact email address.