

RECOMMENDATION FOR A STANDARD PROFESSIONAL II LICENSE

All decisions regarding continuing licensure must be verified on this form for individuals who did not receive an automatic conversion from a Standard Professional I to a Standard Professional II license.

Please print or type.

last name

first name

middle name

maiden

social security number

local education agency

unit number

Continuing licensure

☐ is recommended

☐ is NOT recommended

Verification of Performance

- ☐ The candidate successfully completed the evaluation process and three years of teaching experience. There is no other reason, based on character or conduct, to withhold a continuing professional license.
- ☐ The candidate did not successfully complete the evaluation process.

signature of official designated to recommend a continuing license

date

Email Address