

VERIFICATION BY INSTITUTION: COMPLETION OF APPROVED EDUCATION PROGRAM

TO THE APPLICANT: Fill in the information above the line. Please type or print.

last name	first name	middle name	maiden name
street address		city	state
			zip code
social security number			

TO THE DESIGNATED COLLEGE OFFICIAL:
Fill in ONE of the boxes and BOTH sections at the bottom of the page.

<p>The applicant completed requirements for the</p> <p><input type="checkbox"/> bachelor's <input type="checkbox"/> master's</p> <p><input type="checkbox"/> six year <input type="checkbox"/> doctorate (educational specialist)</p> <p>degree and finished an approved education program in the licensure area(s) of (e.g. elementary education, music, secondary mathematics, etc.)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date program completed _____ month, day, year</p>	<p>The applicant did not earn a degree from this institution but completed an approved education program at the degree level of</p> <p><input type="checkbox"/> bachelor's <input type="checkbox"/> master's</p> <p><input type="checkbox"/> six year <input type="checkbox"/> doctorate (educational specialist)</p> <p>in the area(s) of (e.g. elementary education, music, secondary mathematics, etc.)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date program completed _____ month, day, year</p>
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The program completed meets the following accreditation, approval, or
program requirements (check all that apply):

- ☐ National Council for Accreditation of Teacher
Education (NCATE)
- ☐ National Association of State Directors of Teacher
Education and Certification Standards (NASDTEC)
- ☐ Education program approval by the state of

- ☐ Regional accreditation by (name of body)

The applicant completed an education program approved in the
area(s) and at the level(s) recommended. The approved program
was in effect during the applicant's period of study.

name of institution

designated official (licensure officer, dean of education)

title

signature

date