

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.**

The applicant completed requirements for the

<input type="checkbox"/> bachelor's	<input type="checkbox"/> master's
<input type="checkbox"/> six year (educational specialist)	<input type="checkbox"/> doctorate

degree and **finished an approved education program** in the licensure area(s) of (e.g. elementary education, music, secondary mathematics, etc.)

Date program completed _____
month, day, year

The applicant did not earn a degree from this institution but completed an approved education program at the degree level of

<input type="checkbox"/> bachelor's	<input type="checkbox"/> master's
<input type="checkbox"/> six year (educational specialist)	<input type="checkbox"/> doctorate

in the area(s) of (e.g. elementary education, music, secondary mathematics, etc.)

Date program completed _____
month, day, year

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