



Approved Program Verification Form

OUT-OF-STATE

Use this form for Teacher, Principal, Administrator, Director of Special Education or Director of Gifted Education Initial Licensure AND Teacher Added Endorsements

DIRECTIONS

Applicant: Complete the "Applicant" section (shaded) below – including the last four digits of your social security number and your college/university id number (if available) -- then forward this form to your college/university or program representative for approval and signature.

Dean, Certification Officer or Alternative Program Representative: Complete the "Dean, Certification Officer or Alternative Program Representative" section below in **its entirety** and return this signed form to the applicant for inclusion in an application.

To be completed by the Applicant

Select the type of license for which you are applying:											
Teacher		Principal		Administrator		Director of Special Education		Director of Gifted Education		Added Endorsement	
Last Name				First Name				Middle Name		Date of Birth	
List any Previous Names Used <input type="checkbox"/> None						Contact Daytime Phone		Email Address			
Mailing Street Address						City		State		Zip	
Social Security Number (last 4)		X X X - X X -				College/University ID Number (leave blank if none or if unknown)					
Select one: I completed a traditional preparation program in the state of _____ I completed an alternative preparation program in the state of _____ With this form you must also include a signed letter from your state department of education confirming the alternative program and its requirements for admission and completion.											

To be completed by the Dean, Certification Officer or Alternative Program Representative

1	The applicant successfully completed an approved educator preparation/endorsement 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 has successfully passed all exams required for licensure in the state in which the applicant completed the program.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	The applicant holds/is eligible to hold a license in the state in which the applicant completed the program.	<input type="checkbox"/> Yes <input type="checkbox"/> No

I verify the applicant named above has fulfilled the following requirements of the preparation/endorsement program:

- a. Completion of a state-approved educator preparation/endorsement program in the area(s) identified;
- b. Successful completion of the assessment(s) required for program completion and licensure in the state of preparation;
- c. Completion of student teaching, internship or practicum in the grade/developmental level and endorsement area sought.

☐ Yes

☐ No*

*If **no**, why not and list any remaining requirements.

Dean, Certification Officer or Alternative Program Representative

College/University or Alternative Program Name						
Street Address		City		State	Zip	Phone Number
Name		Title			Date	
Signature			Contact email address			

OOSAPV05142025