



**I. APPLICANT INFORMATION** *Complete and Forward To Institution*

Legal Name <i>First</i>	<i>Middle Init.</i>	<i>Last</i>	Social Security No.*
Address <i>Street, Box, City, State, Zip</i>			Telephone <i>Area/No.</i>
Name and Location of Institution		Degree Earned	Date of Graduation <i>Mo./Year</i>
License(s) Requested			

**II. INSTITUTIONAL ENDORSEMENT AND ASSURANCES** *Complete and Return to DPI*

**1. Did the applicant complete your institution's state-approved program leading to educator licensing?**

☐ YES, Applicant completed program on: \_\_\_\_\_ (Mo./Yr.)

*Identify below Educator License(s) for which applicant qualifies in your state.*

License Area	Subject/Category and/or Position	Grade/Development Level
<input type="checkbox"/> Teacher		
<input type="checkbox"/> Pupil Services		
<input type="checkbox"/> Administrator		

☐ NO, *Explain:*

**2. The license(s) recommended in question 1 (above) is based on completion of a:**

- ☐ Broad Field Major in: \_\_\_\_\_ with concentration(s) in \_\_\_\_\_
- ☐ Major in: \_\_\_\_\_
- ☐ Minor in: \_\_\_\_\_

**3. Supervised Field Experiences** (complete a and b, or c):

- a. Applicant completed a pre-student teaching practicum(s) in: \_\_\_\_\_ (Subjects/Grades)
- b. Applicant completed student teaching in \_\_\_\_\_ (Subjects/Grades)  
for \_\_\_\_\_ Weeks in an: ☐ Elementary School ☐ Middle School ☐ High School ☐ Other Setting
- c. Applicant completed a graduate practicum?  
☐ Yes, *Position and Level:* \_\_\_\_\_ ☐ No

**4. Testing — Did the applicant meet your state's passing scores on a:**

- a. Basic skills test in reading (R), writing (W), and math (M)?  
☐ Yes, Test Name(s) and Year: \_\_\_\_\_ ☐ No ☐ Test Not Required
- b. Standardized content test in all areas of licensure listed in question 1 above?  
☐ Yes, *If ETS/Praxis II Content test(s), list Test Number, Score, and Year below.* ☐ No ☐ Test Not Required

Test Number	Score	Year
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**I, THE CERTIFYING OFFICER, CONFIRM** that the education and testing information provided above is accurate and that the applicant is eligible for licensure in our state on the basis of having completed our state-approved program:

Signature of Certifying Officer ➤	Name <i>Type or Print Legibly</i>	Date Signed <i>Mo./Day/Yr</i>
Institution Name	City/State	Telephone <i>Area/No.</i>
E-Mail Address		Fax <i>Area/No.</i>