

Applicant Name:
 Email Address:
 Applicant Address:
 City:
 State/Province/Region:
 Zip/Postal Code: Country:
 Date of Birth: Phone Number:
 Process Number: And/Or File Folder Number:

This section is to be completed by state-approved licensure program Certification Officer.

The completed programs: (check all that apply)

- is a regionally accredited program
- is a state approved program
- is an alternative preparation program
- includes specific multicultural/human relations coursework or thesis embedded within the program

Student Teaching /Practicum / Internship Experience (If the recommendation is for special education, include specific disability categories, ages/grades and severity -- mild-moderate-severe -- of students taught. License issuance may be delayed without this information.)

School/District	Licensure Field	Grade Level	Date Ranges

RECOMMENDATION FOR LICENSURE

Subject/Licensure Field	Grade Level(s)	Date Program Completed

Original Signature of Certification Officer or Registrar (copies not accepted)

Print Name of Certification Officer or Registrar	Name of Institution		
Signature of Certification Officer or Registrar	Address		
Date	City	State	Zip Code
Telephone Number		Email Address	