

Applicant Name: **Doe, Jane**Email Address: **JaneDoe@gmail.com**Applicant Address: **123 Lane Street**City: **Mankato**State/Province/Region: **Minnesota**Zip/Postal Code: **56001**Country: **United States**Date of Birth: **01/01/0001**Phone Number: **507-123-4567**Process Number: **12345678**And/Or File Folder Number: **654321****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**