

## Division of Educator Licensure **Institutional Program Verification** Form IPV Revised January 2024

## I. APPLICANT INFORMATION

In order to qualify for most educator licenses in Mississippi, the regionally/nationally accredited institution where the applicant completed a licensure-track educator preparation program must complete this verification form. The applicant for licensure must complete Section (I). Please complete and sign this section. Upon completion of Section (I), please forward the form to the Dean of Education or Certification Officer at the regionally/nationally accredited institution of higher education in the state where the educator preparation occurred. Please do not mail this form. The completed form must be emailed directly from the Dean of Education or Certification Officer to licensuredocument@mdek12.org.

| Name:   |   | Email:   |   |                                      |
|---|---|--|---|--------------------------------------|
| Last <b>Mississippi Educator ID</b> :   | First   | Middle/Maiden  Date of Birth:  |   |                                      |
| I hereby permit the release of in Department of Education.  | formation concerning the veri                               | fication of educator preparation   | program   | completion to the Mississippi        |
| Signature of Applicant  |   | Date:  |   |                                      |
| II. STATE-APPROVED EDU  | CATOR PREPARATION PR  | OGRAM INFORMATION  |   |                                      |
| This section must be completed occurred. Please provide the application provide the application provides the application | propriate information below                                 | and email the completed forn   | n to the a  |                                      |
| i. Date of Completion   | n: Please   | list any deficiencies.   |   |                                      |
| If Other, please pro  | propriate program accreditor, ovide the information here: _ | . □ Nationally Accredited (C.  | AEP/AA<br>  | QEP) $\square$ State $\square$ Other |
| Mississippi Pre-Service   | license to fulfill the clinical p                           | ng/internship, and is this form<br>practice program requirement<br>e proceed to Item (F). □Yes | in a Miss   |                                      |
| C. Did the applicant compl  | ete supervised student teachi                               | ng and/or an internship as part  | t of the pi   | rogram? □Yes □No                     |
|   |   | upon completion of the educat  |   |                                      |
| E. Licensure/Endorsement  | Field(s): Please indicate all l                             | icensure/endorsement fields.   |   |                                      |
| Areas of Licensure or I   | Endorsement Field(s)  |  |   | Grade Levels                         |
|   |   |  |   |                                      |
|   |   |  |   |                                      |
| By signing this form, I atte  | est that the above information                              | n is true and accurate to the l  | best of my  | v knowledge.                         |
| F. Name (Print):  | Title:  |  | Dlassa  |                                      |
| Signature:  | 1   | Date:  | Please email the completed form to licensuredocument@mdek12.org |                                      |
| Name of Institution (Print):  |   |  | ncensu  | redocument@mdek12.org                |
|   |   |  |   |                                      |