

Verification of Licensure

Section A: To be Completed by the Applicant

Instructions: Complete Section "A" only and send form to the appropriate educator licensing authority responsible for the issuance of the valid standard license being presented to the Mississippi Department of Education (MDE) for consideration to obtain a Mississippi educator license via reciprocity. After form has been completed by the educator licensing authority, the applicant must upload the completed form to his/her assigned educator licensure management account as part of the complete application packet.

Last Name: _____ **First Name:** _____

Social Security Number: _____ **Date of Birth:** _____

Name as it appears on the license being presented to the MDE: _____

I hereby authorize the release of licensure information regarding my educator license, to the Mississippi Department of Education.

Signature of Applicant

Date

Section B: To be Completed by Educator Licensing Authority

Instructions: Please return completed form to applicant for submission to the Mississippi Department of Education.

Name of State/U.S. Territory or Country: _____

Name of Licensing Authority: _____

This is to certify that _____ **was issued license number** _____
Applicant's Name

Date Issued: ___ / ___ / ___ **Type of License Issued:** [] Standard Clear Renewable [] Provisional/Temporary

Current licensure status: [] Active [] Inactive [] Lapsed/Expired **Expiration Date:** ___ / ___ / ___

Has this license ever been disciplined in any manner or are there current disciplinary charges pending? [] Yes [] No
(If yes, please send certified copies of Board actions to MDE Office of Educator Misconduct Evaluations, P.O. Box 771, Jackson, MS 39205-0771.)

Please verify below, **only** the area(s) of endorsement in which the individual holds valid and **full** educator licensure with no deficiencies in the fields below.

Please select this this option and skip to Section C, if the individual named above does not currently hold a valid full (standard renewable) educator license in your State, Country or Political Subdivision thereof. []

Subject Area(s) of Endorsement and Grade Levels	
1. _____	5. _____
2. _____	6. _____
3. _____	7. _____

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4. _____	8. _____
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Section C: Authorized Signature

Signature: _____ Date: ____ / ____ / ____

Printed Name: _____ Title: _____

Telephone: _____ Email Address: _____

Please affix the agency's stamp or embossed seal in this section. Agency's stamp or embossed seal required.

Instructions for submitting form to the Mississippi Department of Education:

The authorized licensing official must return the completed form to the individual listed in Section "A" above. The completed form must then be uploaded by the applicant to his/her assigned educator licensure management account as part of the complete licensure application packet.

This form is purposed to confirm standard certification as mentioned in Miss. Code Ann. § 37-3-2.