

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. The completed form must be sent back to the applicant for inclusion in the application request for licensure.

Name: _____ Email: _____
Last First Middle/Maiden

Mississippi Educator ID: _____ Date of Birth: _____

I hereby permit the release of information concerning verification of educator preparation program completion to the Mississippi Department of Education.

Signature of Applicant _____ Date: _____

II. STATE APPROVED EDUCATOR PREPARATION PROGRAM INFORMATION

This section must be completed by the state-approved educator preparation provider in the state where the educator preparation occurred. Please provide the appropriate information below and email the completed form to the applicant listed in Section (I) for inclusion in the application packet to be submitted to the Mississippi Department of Education.

- A. Has this applicant completed your state-approved educator preparation program? Yes No
 - i. Date of Completion: _____ Please list any deficiencies. _____
 - ii. Please select the appropriate program accreditor. Nationally Accredited (CAEP/AAQEP) State Other
 If Other, please provide the information here: _____
- B. Is the applicant currently enrolled in student teaching/internship and this form is being completed to obtain a Mississippi Pre-Service license to fulfill the clinical practice program requirement in a Mississippi local school district or an eligible nonpublic school? If yes, please proceed to Item (F). Yes No
- C. Did the applicant complete supervised student teaching and/or an internship as part of the program? Yes No
- D. Was the applicant eligible for licensure in your state upon completion of the educator preparation program?
 Yes No Please list any deficiencies. _____
- E. Licensure/Endorsement Information: *Please indicate all certification/endorsement areas and the associated state-approved requirements met for all area(s) of certification.*

<i>Areas of Licensure/Grade Levels</i>	<i>Date Completed</i>

By signing this form, I attest that the above information is true and accurate to the best of my knowledge.

Name (Print): _____

Signature: _____

Title: _____ Date: _____

PLEASE PLACE EMBOSSED
SEAL OR STAMP HERE.