

## INSTITUTIONAL PROGRAM VERIFICATION

### Licensure Requirements

In order to qualify for most educator licenses in Mississippi, the regionally/nationally accredited institution where the applicant completed an educator preparation program must complete a verification form. Page one (1) of this verification form must be completed by the applicant and page two (2) must be completed by the Dean of Education or Certification Officer of the regionally/nationally accredited education preparation program.

### I. APPLICANT INFORMATION

**Name:** \_\_\_\_\_  
Last
First
Middle/Maiden

**Educator ID:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street
Apt #

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City
State
Zip Code

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

| Area(s) of Certification | Grade Level | Area(s) of Certification | Grade Level |
|--------------------------|-------------|--------------------------|-------------|
| 1. _____                 | _____       | 4. _____                 | _____       |
| 2. _____                 | _____       | 5. _____                 | _____       |
| 3. _____                 | _____       | 6. _____                 | _____       |

***I hereby permit the release of information concerning verification of certification to the Mississippi Department of Education.***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Applicant Name:** \_\_\_\_\_ **Educator ID:** \_\_\_\_\_

**II. STATE APPROVED EDUCATOR PREPARATION PROGRAM INFORMATION**

This section must be completed by the state-approved education preparation program. The applicant listed above has applied for a Mississippi educator license by completion of an approved educator preparation program. Please complete the information below and mail this **embossed or stamped form** to the mailing address listed in section I.

**Program Type:** *Please check the state-approved educator preparation program completed for initial certification. If the applicant is enrolled in clinical practice to fulfill the requirements to obtain a Mississippi Pre-Service license, please check "Currently enrolled in clinical practice" and skip to the "Certification/Endorsement Information" section.*

Name of Institution: \_\_\_\_\_

- University/College based traditional degree program
- Endorsement program only
- Alternative (non-traditional) program
- Currently enrolled in clinical practice

**Program Clinical Practice:** *Please check the completed clinical practice required by the state approved educator preparation program.*

- Student teaching
- Internship required through a state-approved alternate program
- Other

If you checked "other", please briefly explain: \_\_\_\_\_

**Certification/Endorsement Information:** *Please indicate all certification/endorsement areas and the associated state-approved requirements met for all area(s) of certification.*

| <b>Area(s) of Certification</b> | <b>Grade Level</b> | <b>Area(s) of Certification</b> | <b>Grade Level</b> |
|---------------------------------|--------------------|---------------------------------|--------------------|
| 1. _____                        | _____              | 3. _____                        | _____              |
| 2. _____                        | _____              | 4. _____                        | _____              |

**INSTITUTIONAL STAMP OR SEAL** *Please provide an institutional stamp or embossed seal in the space below.*

***By signing below, I verify that the applicant has satisfied the current requirements for educator licensure or certification prescribed by the State Board of Education and/or the laws of the state.***

|  |      |       |
|--|------|-------|
| Signature of Dean of Education/Certification Officer | Date | State |
|--|------|-------|