MISSISSIPPI DEPARTMENT OF EDUCATION
Ensuring a bright future for every child

Office of Teaching and Leading
Division of Educator Licensure
Form **IPV** *Revised July 2021*

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 #

_____
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 ☐ Alternative (non-traditional) program
☐ Endorsement program only ☐ 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
☐ Internship required through a state-approved administrator or instructional support personnel program

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

Area(s) of Certification	Grade Level	Area(s) of Certification	Grade Level
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