



STATEMENT OF PREPARING HIGHER EDUCATION INSTITUTION

This institutional recommendation must be signed by the administrative official authorized to make such a recommendation, the dean of education or certification officer, and must include the embossed or colored seal of the college or university.

PRINT all information in blue ink and in uppercase letters.

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LAST NAME

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FIRST NAME

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SOCIAL SECURITY NUMBER

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BIRTH DATE (Month-Day-Year) - Required

The section below must be completed fully by the authorized college or university official.

NAME OF HIGHER EDUCATION INSTITUTION CITY, STATE, ZIP CODE

- 1. The applicant has successfully completed an approved, planned program for certification in: (subject/field/grade) _____
- 2a. Student teaching/practica/internship was completed at (school/district) _____
in (grade/subject) _____ from _____ to _____
- 2b. Student teaching/practica/internship was completed at (school/district) _____
in (grade/subject) _____ from _____ to _____
- 2c. Was student teaching/practica/internship waived on the basis of pre-approved experience? Yes No
Please attach a written explanation and a *Statement of Professional Experience* form.
- 3. Subject-area major: _____
- 4. Date applicant completed all planned program requirements: (mm/dd/yyyy) ____/____/____
- 5. Is the applicant recommended for certification as a school psychologist with an internship deficiency? Yes No
- 6. Is the applicant unconditionally recommended for certification (has satisfactorily completed this institution's approved planned program, has the qualities of character and personal fitness for teaching and is competent in the area for which the endorsement is sought)? Yes No

SIGNATURE OF DEAN OF EDUCATION OR CERTIFICATION OFFICER
(ORIGINAL SIGNATURE: NO SIGNATURE STAMPS ACCEPTED)

TITLE

TYPED OR PRINTED NAME OF PERSON SIGNING ABOVE

DATE SIGNED

TELEPHONE

EMAIL ADDRESS

Institution Accreditation: NCATE
 Regional Accrediting Agency
 Other _____

PLACE COLLEGE OR UNIVERSITY SEAL HERE