



Educator Licensure and Accreditation

810 First Street NE, 5th Floor / Washington, DC 20002 / educator.licensurehelp@dc.gov

OUT-OF-STATE APPROVED PROGRAM VERIFICATION FORM

This form is required for applicants who completed state-approved educator preparation programs at institutions or educational organizations located outside of the District of Columbia. **Incomplete forms or forms not bearing original signature(s) and/or stamp(s) where required WILL NOT be accepted by this office. PHOTO-COPIES ARE NOT ACCEPTED under any circumstances.**

PART I – To Be Completed by the Applicant				
An applicant for a District of Columbia teaching, school service provider or school administrator license who has completed a state-approved licensure program shall use this form to verify program completion.				
Applicant Name (Last, First, M.I.)			Maiden or other names used	
Social security number	Date of Birth		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	
Street Address	City/State/Zip		Contact telephone #'s	
		Daytime:		Evening:
Name of College or University attended	Location of Institution (City & State)		Subject area of the license(s) you are seeking:	
PART 2 – To Be Completed By University/College Certifying Official or State Licensing Officer				
To be completed by the Certifying Official in the School or College of Education at the institution where the program was completed. If the program was state-approved but <u>not</u> based at college/university, this form must be completed by a Licensing Official in the state licensure department where the program was completed. Once all required parties have completed this form, it must be returned to the license applicant in an official institution or agency envelope.				
Please check the state-approved licensure program(s) that matches or is comparable to the area of the DC license being sought by the above applicant. Please check all area(s) that apply to the applicant's program completion.				
<input type="checkbox"/> Early Childhood Education Grade levels: _____	<input type="checkbox"/> Elementary Education Grade levels: _____	<input type="checkbox"/> Combined Early Childhood &-Elementary Education Grade levels: _____	<input type="checkbox"/> Secondary Education Grade levels: _____ Subject(s): _____	
<input type="checkbox"/> Foreign language Grade levels: _____ Subject(s): _____	<input type="checkbox"/> TESOL <input type="checkbox"/> Bilingual Education <input type="checkbox"/> Other: _____ Grade levels: _____	<input type="checkbox"/> Early Childhood Special Education (SPED) <input type="checkbox"/> Non-categorical SPED <input type="checkbox"/> Categorical SPED category: _____ (e.g. LD, MR, HI, etc.)	<input type="checkbox"/> Middle School Education Grade levels: _____ Subject(s): _____	
<input type="checkbox"/> School Administration <input type="checkbox"/> Principal <input type="checkbox"/> Asst. Principal (only) <input type="checkbox"/> Both	<input type="checkbox"/> Service Provider(s) <input type="checkbox"/> School Counselor <input type="checkbox"/> School Social Worker <input type="checkbox"/> School Psychologist <input type="checkbox"/> School Librarian Other: _____	<input type="checkbox"/> Other: Please specify subject(s) and grade level(s) covered by program. (1): _____ (2): _____		
Was the applicant eligible for state licensure at the completion of his/her program?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was the applicant required to complete a student teaching component as part of the program?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> The applicant DID NOT fully complete all requirements of our approved licensure program and is not recognized as a program completer because he/she: <input type="checkbox"/> Did not complete the required student teaching / field practicum / internship portion of the program. <input type="checkbox"/> Did not successfully complete all program required test(s). <input type="checkbox"/> Did not successfully complete all program requirements in force at the time of his/her attendance. <input type="checkbox"/> Other: _____				
<input type="checkbox"/> I certify that the applicant named above fully completed all requirements of a recognized state-approved licensure program in the area(s) indicated above. The applicant completed our program or earned a degree on: _____.				
Name of College/University and institution stamp or seal		Initial calendar year of program approval:		Year when program is due to be renewed:
Signature of Certifying Official	Title or Position	Email address:	Telephone#:	Date