

Name	File Folder Number
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Verification of Completion of a State-Approved Licensure Program

This section is to be completed by the state-approved licensure program certification officer.

The state-approved teacher preparation program is from OUTSIDE of Minnesota AND is (check all that apply): <input type="radio"/> a regionally accredited program <input type="radio"/> an alternative preparation program	The state-approved teacher preparation program is: <input type="radio"/> a Minnesota state-approved program
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Student Teaching/Practicum/Internship				
<i>For special education</i> , include the ages/grade levels AND specific disability categories (with the severity levels: mild, moderate, severe, and/or profound) of students served in each placement. License issuance may be delayed without this information.				
School/Organization	Licensure Field(s)	Grade Level(s) Taught	Dates	
			Start	End

Licensure Program Completed		
<i>For special education licenses, please identify the specific disability category.</i>		
Subject/Licensure Field	Grade Levels	Date Preparation Program Completed

Print Name of Certification Officer or Registrar		Title	
Email Address for Certification Officer or Registrar		Telephone Number for Certification Officer or Registrar	
Name of Institution		Location (city, state, ZIP code)	
Signature of Certification Officer or Registrar			Date