



**STATE-APPROVED PROGRAM VERIFICATION**

**PART I - TO BE COMPLETED BY APPLICANT**

An applicant for an Illinois teaching, administrative or school service personnel certificate who has completed a state-approved program of preparation at a college or university shall use this form to verify completion of the program. The applicant should provide all information requested in Part I of this form. **Please request that the college/university forward the completed form directly to the Illinois State Board of Education at the address at the top of this form. Forms returned to the applicant or Regional Office of Education and forwarded to the Illinois State Board of Education will not be honored.**

|   |                        |
|---|------------------------|
| APPLICANT'S NAME (Last, First, Middle)              | MAIDEN NAME            |
| APPLICANT'S ADDRESS (Street, City, State, Zip Code) | SOCIAL SECURITY NUMBER |
|   | PHONE (Area Code)      |
| NAME OF COLLEGE/UNIVERSITY                          | PHONE (Area Code)      |
| ADDRESS   |                        |
|   |                        |

**PART II - TO BE COMPLETED ONLY BY THE COLLEGE/UNIVERSITY**

Please verify that the above-named applicant has completed your state-approved program of preparation that, in your state, leads to a certificate comparable to the specific types listed below. Please stamp the completed form with the appropriate seal of the institution, date it, and affix the signature of the registrar, certification officer, or other authorized official. Send the form to the Certification Division, Illinois State Board of Education. **Forms returned to the applicant will not be honored.**

TYPE OF CERTIFICATE FOR WHICH APPLICATION IS BEING MADE

| TEACHING<br>CERTIFICATE   | SCHOOL SERVICE PERSONNEL<br>CERTIFICATE (K - 12)                 | ADMINISTRATIVE<br>CERTIFICATE                                      |
|---|--|--|
| <input type="checkbox"/> Early Childhood (PreK-Grade 3) _____<br>Age or Grade Level   | <input type="checkbox"/> School Counselor                        | <input type="checkbox"/> General Administrative (K-12) (Principal) |
| <input type="checkbox"/> Elementary (K-9) _____<br>Grade Level                        | <input type="checkbox"/> School Social Worker                    | <input type="checkbox"/> Superintendent (K-12)                     |
| <input type="checkbox"/> Secondary (6-12) _____<br>Teaching Field(s)                  | <input type="checkbox"/> School Psychologist                     | <input type="checkbox"/> Chief School Business Official            |
| <input type="checkbox"/> Special (K-12) _____<br>Grade Level and/or Teaching Field(s) | <input type="checkbox"/> School Nurse                            | <input type="checkbox"/> Director of Special Education             |
|   | <input type="checkbox"/> Speech Language Pathology, Non-Teaching |  |

I certify that the applicant has completed all requirements of our **approved program**, in effect at the time of applicant's attendance, for which recommendation is given.

|                                       |                                  |                     |
|---------------------------------------|----------------------------------|---------------------|
| NAME OF COLLEGE/UNIVERSITY            |                                  | AFFIX OFFICIAL SEAL |
| NAME AND TITLE OF AUTHORIZED OFFICIAL | TELEPHONE (Include Area Code)    |                     |
| E-MAIL ADDRESS                        | FAX (Include Area Code)          |                     |
| Date                                  | Signature of Authorized Official |                     |