

**I. APPLICANT INFORMATION**

In order to qualify for most educator licenses in Mississippi, the regionally/nationally accredited institution where the applicant completed a licensure-track educator preparation program must complete this verification form. The applicant for licensure must complete Section (I). Please complete and sign this section. Upon completion of Section (I), please forward the form to the Dean of Education or Certification Officer at the regionally/nationally accredited institution of higher education in the state where the educator preparation occurred. **Please do not mail this form. The completed form must be emailed directly from the Dean of Education or Certification Officer to licensuredocument@mdek12.org.**

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Last First Middle/Maiden  
 Mississippi Educator ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*I hereby permit the release of information concerning the verification of educator preparation program completion to the Mississippi Department of Education.*

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

**II. STATE-APPROVED EDUCATOR PREPARATION PROGRAM INFORMATION**

This section must be completed by the state-approved educator preparation provider in the state where the educator preparation occurred. Please provide the appropriate information below and email the completed form to the applicant listed in Section (I) for inclusion in the application packet to be submitted to the Mississippi Department of Education.

- A. Has this applicant completed your state-approved educator preparation program?  Yes  No
  - i. Date of Completion: \_\_\_\_\_ Please list any deficiencies. \_\_\_\_\_
  - ii. Please select the appropriate program accreditor.  Nationally Accredited (CAEP/AAQEP)  State  Other  
 If Other, please provide the information here: \_\_\_\_\_
- B. Is the applicant currently enrolled in a student teaching/internship, and is this form being completed to obtain a Mississippi Pre-Service license to fulfill the clinical practice program requirement in a Mississippi local school district or an eligible nonpublic school? If yes, please proceed to Item (F).  Yes  No
- C. Did the applicant complete supervised student teaching and/or an internship as part of the program?  Yes  No
- D. Was the applicant eligible for licensure in your state upon completion of the educator preparation program?  
 Yes  No Please list any deficiencies. \_\_\_\_\_
- E. Licensure/Endorsement Field(s): *Please indicate all licensure/endorsement fields.*

| <i>Areas of Licensure or Endorsement Field(s)</i> | <i>Grade Levels</i> |
|---|---------------------|
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***By signing this form, I attest that the above information is true and accurate to the best of my knowledge.***

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|---|---|
| F. Name (Print): _____ Title: _____<br>Signature: _____ Date: _____<br>Name of Institution (Print): _____ | Please email the completed form<br>to<br>licensuredocument@mdek12.org |
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