



College Verification Form

Alternative Early Childhood and Elementary Program

This form is for an applicant with a provisional certificate through the Alternative Early Childhood and Elementary Program who is applying for renewal or standard certification.

»» A: THIS SECTION TO BE COMPLETED BY THE APPLICANT

Name: _____

Last First Middle Maiden

Social Security Number:

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»» B: THIS SECTION TO BE COMPLETED BY AN ACCREDITED COLLEGE EDUCATION DEPARTMENT

I, _____, can confirm that the following courses were passed by the educator listed above *at this college*, and are part of an educator preparation program in (select one):

(College Education Department Official)

- Early Childhood Elementary Education

	Main Content of Course	Course Code	Course Name	Credits Earned <small>(Semester Hours)</small>
Year One	Classroom Management			
	Reading Instruction			
Year Two	Child Development			
	Math Instruction			
Year Three	Other Education Topic			
	Other Education Topic			
Total Credits Approved:				

Print Name (Education Department Official) Title Signature (Education Department Official) Date

College or University (and State if not OK) Phone Number Email Address