



College Verification Form

Non-Traditional Special Education (Boot Camp) Program

This form is for an applicant with a provisional certificate through the Non-Traditional Special Education (Boot Camp) Program who is applying for standard certification or for renewal of their provisional certificate.

»» 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 a traditional or non-traditional **special education** program:

(College Education Department Official)

Course Code	Course Name	Credits Earned (Semester Hours)	Semester and Year Completed

Total Credits Approved: _____
(6 credits in the last year required for renewal; 18 for standard)

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

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