



College Verification Form

Alternative Placement Program

This form is for an applicant with a provisional certificate in a secondary or PreK-12 area(s) through the Alternative Placement Program who is applying for standard certification.

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

Name: _____
Last First Middle Maiden

Social Security Number:

»» 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 for a single subject in **secondary or all grades (PreK-12)**:
(College Education Department Official)

Main Content of Course	Course Code	Course Name	Credits Earned (Semester Hours)
Classroom Management *			
Teaching Pedagogy (General or Subject Specific in their Certification Area) *			
Other Education Topic			
Other Education Topic			
Other Education Topic			
Other Education Topic			
Other Education Topic			
Other Education Topic			
Other Education Topic			

* required if not previously completed

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