



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:

»» 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 approved as 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 (Semester Hours)
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