



## **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 <i>at this college</i> and are part of an educator preparation program in <b>secondary or PreK-12 education</b> :					
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		
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★ required if not previously completed

Print Name (Education Department Official) Title

College or University (and State if not OK)

Phone Number

Email Address

**Total Credits Approved:** 

(Education Department Official)

Signature

Date