

# Classroom Teaching Fields Verification of Educator Preparation Recommendation for Certification

Office of Educator Services 8301 Parklane Road Columbia, SC 29223 (803)896-0368 | fax certification@ed.sc.gov | email

	Applica	nt Information		
Applicant Name:		Last four digits	Last four digits of SSN: ***_**	
Address:			/	
		Phone:		
SC Department of Education, Office of	f Educator Services. This recommendati	on form is for classroom teach	provider. Please fill out all required fields and submit to the ning fields only. Please use the <b>Recommendation Form for</b> ch-language pathology, library-media, school guidance	
1. Verification of Educat	or Preparation			
Has the applicant satisfactorily	completed all requirements of a	an approved educator pre	eparation program? Yes No	
Content Area: Grade Span:			Grade Span:	
Program Completion Date:	Degree Conferral Date (if different):			
Student Teaching Information				
Start Date:	End I	Date:	Grade(s):	
School:	Distr	ict:	State:	
1a. South Carolina (In-state)	Provider			
Educator has met requirements for	Read to Succeed Litera Read to Succeed Litera		t	
1b. Out-of-State Provider				
Does this candidate meet requi	irements for certification in the s	state which holds jurisdic	ction over the approved program?	
		J	Yes No	
If no, please indicate why:				
2. Provider Information				
Institution Accreditation:	☐ State Approval ☐ Regional Accreditation ☐ National Accreditation (please specify):	Degree Awarded to Educator:	<ul><li>☐ Bachelor's</li><li>☐ Certification Only</li><li>☐ Master's</li><li>☐ Ed.S.</li><li>☐ Doctorate</li></ul>	
3 Recommendaton for (	Certification and Official	Sionature		
By signing below, I verify that: 1. All information regarding the applic	ant's completion of an approved programmed and approved programmed and ards required of an educator while pa	m and eligibility for certification		
Signature of Dean or Designated Official		_	College or University	
Name (Please Print)			Date	
Title or Position			Contact Number/Email	



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### INSTRUCTIONS FOR THE APPLICANT:

- Please complete all information in the Applicant Information section of the form and then submit the form and instructions to the education dean's office at the college or university.
- The college or university official must submit the completed verification directly to the South Carolina Department of Education as indicated on the form.
- The Office of Educator Services Call Center is available Monday through Friday from 8:30 a.m. to 4:30 p.m. except on state holidays at (803) 896-0325 if you need further assistance.

### INSTRUCTIONS FOR THE EDUCATOR PREPARATION PROVIDER:

- The applicant indicated on the attached form has applied to the South Carolina Department of Education for a teaching credential and must provide official verification of the completion of an approved educator preparation program. We appreciate your assistance with the completion of this form and the certification process.
- The form must be signed by the education dean or designee of the educator preparation provider.

## **Section 1: Verification Of Educator Preparation**

- **Program Completion:** Please indicate whether or not the applicant has completed all requirements of an approved educator preparation program and provide the specified information regarding the content area and grade span of the approved program. **South Carolina institutions:** For the purpose of this verification and recommendation form, the applicant must have earned qualifying scores on the content area and pedagogy assessments required by the South Carolina State Board of Education for certification in the area to be designated as completing all program requirements.
- **Program Completion Date:** Indicate the date on which the candidate completed all requirements of the approved educator preparation program.
- **Student teaching placement:** Provide the start and end dates of the student teaching or clinical experience; the grade(s) in which the candidate was placed; and the school, district, and state of the clinical placement.

### Section 1A: South Carolina (In-State) Provider

• Please indicate if the applicant has met the pre-service requirements of the *Read to Succeed Act*.

### Section 1B: Out-Of-State Provider

• Please indicate if the applicant meets requirements for certification/licensure in the state that holds jurisdiction over the educator preparation program. If the applicant is not eligible for certification in that state, please indicate the reason.

### **Section 2: Provider Information**

• Indicate the accreditation status of the provider and the degree awarded.

# Section 3: Recommendation For Certification And Official Signature

- The form must be signed by the education dean or other designated official of the educator preparation provider.
- By signing the form, the official verifies the applicant's eligibility for certification as indicated on the form and that the candidate maintained ethical standards of an educator while completing the program.
- If the institution does not have an official seal or stamp, the official completing the form may attach an official business card.