



**SOUTH CAROLINA  
STATE DEPARTMENT  
OF EDUCATION**

*Service & Leadership 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

<b>Applicant Information</b>	
<b>Applicant Name:</b> _____	<b>Last four digits of SSN:</b> ***-**-_____
<b>Address:</b> _____ _____	<b>Date of Birth:</b> _____ / _____ / _____
	<b>Phone:</b> _____
	<b>Email:</b> _____

The information below is to be completed by the **designated official** at the applicant's educator preparation provider. Please fill out all required fields and submit to the SC Department of Education, Office of Educator Services.

This recommendation form is for candidates who have completed programs in leadership, speech-language pathology, library-media, school guidance counseling, and school psychology. Please use the **Recommendation Form for Classroom Teaching Fields** to recommend candidates for classroom teaching fields.

**1. Certification by Advanced Program**

Has the applicant satisfactorily completed all requirements of an educator preparation program in an area indicated below?

**Area:** (Check all that apply.)

Yes  No

- |   |  |
|---|--|
| <input type="checkbox"/> Administration/Ed. Leadership - Elementary | <input type="checkbox"/> School Psychology                       |
| <input type="checkbox"/> Administration/Ed. Leadership - Secondary  | <input type="checkbox"/> Speech-Language Pathology               |
| <input type="checkbox"/> Superintendency                            | <input type="checkbox"/> Library-Media                           |
|   | <input type="checkbox"/> School Guidance Counseling - Elementary |
|   | <input type="checkbox"/> School Guidance Counseling - Secondary  |

**Date of Completion:** \_\_\_\_\_

**Grade Span:** \_\_\_\_\_

Does this candidate meet requirements for certification in the state which holds jurisdiction over the approved program?

Yes  No

If no, please indicate why: \_\_\_\_\_

**Provider Accreditation:**  
(Check all that apply.)

- State Approval  
 Regional Accreditation  
 National Accreditation  
(please specify): \_\_\_\_\_

**Degree Awarded:**

- Master's  
 Ed.S.  
 Doctorate  
 Certification Only

**Program Accreditation:**

- CACREP  
 ASHA  
 Other: \_\_\_\_\_

**Program Delivery:**

- Online  
 Hybrid  
 Traditional

**2. Recommendation for Certification and Official Signature**

By signing below, I verify that:

- All information regarding the applicant's completion of an approved program/endorsement and eligibility for certification/endorsement is accurate;
- The applicant maintained ethical standards required of an educator while participating in the state-approved program.

\_\_\_\_\_  
Signature of Dean or Designated Official

\_\_\_\_\_  
College or University

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title or Position

\_\_\_\_\_  
Contact Number/Email

*Place College or University Seal or Stamp Here.*



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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.

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### **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 service and leadership 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.
- 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.
- Indicate the accreditation status of the provider and program, the degree awarded, and the program delivery method.

#### **Section 2: 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.