

VERIFICATION BY INSTITUTION: COMPLETION OF APPROVED EDUCATION PROGRAM

TO THE APPLICANT: Fill in the information above the line. Please type or print.

| | | | |
|------------------------|------------|-------------|-------------|
| last name | first name | middle name | maiden name |
| street address | | city | state |
| social security number | | | |

TO THE DESIGNATED COLLEGE OFFICIAL: Fill in ONE of the boxes and BOTH sections at the bottom of the page.

The applicant completed requirements for the

| | |
|---|------------------------------------|
| <input type="checkbox"/> bachelor's | <input type="checkbox"/> master's |
| <input type="checkbox"/> six year (educational specialist) | <input type="checkbox"/> doctorate |

degree and **finished an approved education program** in the licensure area(s) of (e.g. elementary education, music, secondary mathematics, etc.)

Date program completed _____
month, day, year

The applicant did not earn a degree from this institution but completed an approved education program at the degree level of

| | |
|---|------------------------------------|
| <input type="checkbox"/> bachelor's | <input type="checkbox"/> master's |
| <input type="checkbox"/> six year (educational specialist) | <input type="checkbox"/> doctorate |

in the area(s) of (e.g. elementary education, music, secondary mathematics, etc.)

Date program completed _____
month, day, year

The program completed meets the following accreditation, approval, and program requirements (check all that apply):

- National Council for Accreditation of Teacher Education (NCATE)
- National Association of State Directors of Teacher Education and Certification Standards (NASDTEC)
- Education program approval by the state of _____
- Regional accreditation by (name of body) _____

The applicant completed an education program approved in the area(s) and at the level(s) recommended. The approved program was in effect during the applicant's period of study.

name of institution

designated official (licensure officer, dean of education)

title

signature date

email address

Form V: Instructions

Follow these instructions for completing Form V:

Applicant:

- Fill in current personal information (please print or type).

Designated college official:

- complete **one (1)** of the boxes in the center section of this form
- check the regional accreditation, state approval and program requirement boxes at the bottom of this form
- sign form verifying the above
- include email address

Submission:

- Mail the completed Form V, **official transcript**, processing fee, and any other applicable documents

Department of Public Instruction
Licensure Section
6365 Mail Service Center
Raleigh, North Carolina 27699-6365

You may pay by personal check, money order, or certified check (made payable to the Department of Public Instruction), Visa or MasterCard. If you wish to pay by credit card, fill out the credit card payment Form and mail or FAX it to (919) 807-3350.

Please do not fold down the corners of pages or use staples or paper clips to secure the application materials. Doing so will slow down the automated application process and delay your response. Mail the unfolded materials in a 9" x 12" envelope. Thank you.