



Elsie Arntzen, State Superintendent
Montana Office of Public Instruction

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University Recommendation for School Counseling Endorsement

Applicant Information (To Be Completed By The Applicant):					
Last Name:		First Name:			MI:
Address:		City:		State:	Zip Code:
Last Four Digits of SSN:	Birth Date:	Former Name(s):			
Remainder of this form is to be completed & signed by the appropriate official from the college or university where the applicant completed his/her educator preparation program. NOTE: Return original form to: OPI – Licensure Division, PO Box 202501, Helena MT 59620-2501 NO PHOTOCOPIES, SCANNED COPIES, or EMAILED IMAGES will be accepted.					
Name of College/University and Location:					
Is your institution regionally accredited? <input type="radio"/> Yes <input type="radio"/> No		Name of regional accreditation agency: (i.e. Western Association of Schools & Colleges)			
Accreditation of School Counseling Preparation Program (Please circle)	CACREP	CAEP	NCATE	State	Other: i.e. Alternative Route (Please describe)
Type of Master's degree completed by applicant: <input type="radio"/> School Counseling <input type="radio"/> Other (please describe)					
Number of internship hours in a school setting: _____ Hours					
I attest that the above named applicant <i>has completed</i> an accredited school counseling program that contained an internship in a school setting. The program completed leads to licensure in the state of: _____.					
Signature: _____					
Printed Name:		Email Address:		Phone Number:	
Title:		Date:		College Seal	