



Elsie Arntzen, State Superintendent  
 Montana Office of Public Instruction

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 opi.mt.gov

## Plan of Study for Teaching Endorsements

<b>Applicant Information (To completed by the Applicant):</b>					
Last Name:		First Name:		MI:	
Mailing Address:					
City:				State:	Zip Code:
Last Four Digits of SSN:	Birth Date:	Former Name(s):			
<b>Remainder of this form to be completed &amp; signed by the appropriate official from the college or university where the applicant plans to complete his/her educator preparation program.</b> <b>NOTE: Return original form to: OPI – Licensure Division, PO Box 202501, Helena MT 59620-2501</b> <b>NO PHOTOCOPIES, SCANNED COPIES, or EMAILED IMAGES will be accepted.</b>					
Name of College/University and location:					
Is your institution regionally accredited?		Name of regional accreditation agency:			
<input type="radio"/> Yes <input type="radio"/> No		(i.e. Western Association of Schools & Colleges)			
Accreditation of Educator Preparation Program	<input type="radio"/> CAEP <input type="radio"/> NCATE <input type="radio"/> MACTE <input type="radio"/> State-for-State approved programs, please Indicate the subject area of your secondary or K-12 program(s) _____ <input type="radio"/> Other (i.e. alternative route) Please describe _____				
Type of Educator Preparation Program Applicant Will Complete	<input type="radio"/> Early Childhood (Age 3–Grade 3)	<input type="radio"/> Elementary (K-8)	<input type="radio"/> Middle Grades (4-8)	<input type="radio"/> Special Education (pre K-12) Disability area if not cross categorical; indicate disability and area of focus:	
<input type="radio"/> Secondary Endorsement: (indicate area of study)			<input type="radio"/> K-12 Endorsement: (indicate area of study)		
<b>To be signed by the appropriate college official (Dean of Education, Certification Officer, Licensure Official, etc.)</b>					
Upon review of the academic records provided by the above named party, I find:					
<input type="radio"/> The Applicant can meet requirements for full licensure within the three-year valid period of the license. <input type="radio"/> The Applicant meets the professional educator preparation program’s admission requirements.					
<b>Please call the Montana Educator Licensure Division with any questions regarding the completion of this form. (406)444-3150</b>					
Signature:				Date:	
Printed Name and Title:				Phone Number:	
Email Address:			College Seal		