



Elsie Arntzen, State Superintendent  
**Montana Office of Public Instruction**

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 opi.mt.gov

### University Recommendation for School Psychologist 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 school psychologist preparation program. <b>NOTE:</b> Return original form to: OPI – Licensure Division, PO Box 202501, Helena MT 59620-2501 <b>NO PHOTOCOPIES, SCANNED COPIES, or EMAILED IMAGES will be accepted.</b>			
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 Psychologist Preparation Program <i>(Please circle)</i>	NASP	State	Other: i.e. Alternative Route (Please describe)
Type of degree completed by applicant: (master's, educational specialist or doctoral) <input type="radio"/> School Psychologist <input type="radio"/> Other (please describe)			
Number of internship hours: _____; number of these hours which were in a school setting: _____ .			
I attest that the above named applicant <b><i>has completed</i></b> an accredited school psychologist program that contained an internship in a school setting. <b>The program completed leads to licensure in the state of:</b> _____ .  Signature: _____			
Printed Name:	Phone Number:	Email Address:	
Title:	Date:	College Seal	