



Elsie Arntzen, State Superintendent
Montana Office of Public Instruction

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opi.mt.gov

University or Alternative Program Recommendation for Teaching Endorsements

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 must be completed & signed by the appropriate official from the college/university or Alternative program where you completed your educator preparation program.

University or Program Official: Return the completed form to OPI Licensure Division by one of the following methods:
1) fax to 406-444-0743 2) send encrypted email to cert@mt.gov 3) mail original documents to above address

Name of College/University or Alternative Teaching Program and Address:

Is your institution regionally accredited? Yes No If "Yes", name of regional accreditation agency (i.e. Western Association of Schools & Colleges):

Student completion date of Educator Preparation Program: _____

Circle accreditation of Educator Preparation Program at the time of student completion: CAEP NCATE MACTE State Other
If "Other", describe:

Indicate the Educator Preparation Program Completed:
 Early Childhood (Age 3–Grade 3) Elementary (K-8) Middle Grades, Not Subject Specific (4-8)

Indicate Secondary and K-12 below. If the educator preparation program was different than 5-12 or K-12 please indicate level of program.

	Approved Subject Area	Approved Subject Area	Approved Subject Area
Secondary Endorsements 5-12	<input type="radio"/> Agriculture	<input type="radio"/> Biology	<input type="radio"/> Business Education
	<input type="radio"/> Chemistry	<input type="radio"/> Communications	<input type="radio"/> Earth Science
	<input type="radio"/> Economics	<input type="radio"/> English	<input type="radio"/> Family & Consumer Sciences
	<input type="radio"/> Geography	<input type="radio"/> Health	<input type="radio"/> History
	<input type="radio"/> Industrial Trades and Technology Education	<input type="radio"/> Journalism	<input type="radio"/> Mathematics
	<input type="radio"/> Physics	<input type="radio"/> Political Science	<input type="radio"/> Psychology
	<input type="radio"/> Science (Broadfield)	<input type="radio"/> Social Studies	<input type="radio"/> Sociology
	<input type="radio"/> Theatre		
K-12 Endorsements	<input type="radio"/> Art	<input type="radio"/> Computer Science	<input type="radio"/> English as a Second Language
	<input type="radio"/> Health & Physical Education	<input type="radio"/> Library	<input type="radio"/> Music
	<input type="radio"/> Physical Education (no Health Preparation)	<input type="radio"/> Reading	<input type="radio"/> Traffic Education
	<input type="radio"/> World Languages (list language):		
	<input type="radio"/> Special Education: Cross Categorical <input type="radio"/> Special Education: Vision Impairment <input type="radio"/> Special Education: Hearing Impairment		

Supervised Teaching Experience, identify by Course Number or Course Name or indicate "Waived":

I attest that the above named candidate *has completed* an accredited teacher education program in those areas to include student teaching or supervised teaching experience, or waiver of this requirement. **The program completed leads to licensure in the State of:** _____

Signature: _____

Printed Name:	Phone:	Title:
Email:	Date:	College Seal