



Elsie Arntzen, State Superintendent
Montana Office of Public Instruction

P.O. Box 202501
 Helena, MT 59620-2501
 (406) 444-3095
 (888) 231-9393
 (406) 444-0169 (TTY)
 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. 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 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 <i>has completed</i> an accredited school psychologist program that contained an internship in a school setting. The program completed leads to licensure in the state of: _____ . Signature: _____			
Printed Name:	Phone Number:	Email Address:	
Title:	Date:	College Seal	