



### Plan of Study for Teaching Endorsements


**Applicant Information, Print Clearly:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ Former Name(s): \_\_\_\_\_

Last Four Digits of Your SSN: \_\_\_\_\_ Birth Date: \_\_\_\_\_

 Remainder of this form must be completed and signed by the appropriate official from the college/university where you plan to complete your educator preparation program.

University Official: Return the completed form to the OPI Educator Licensure Unit via email to [cert@mt.gov](mailto:cert@mt.gov).

Name of College/University and Address: \_\_\_\_\_

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

Circle accreditation of Educator Preparation Program: CAEP NCATE MACTE

State-for-State approved programs, please indicate the subject area of your secondary or K-12 program(s) \_\_\_\_\_

Other (i.e., alternative route) Please describe: \_\_\_\_\_

Type of Educator Preparation Program Applicant Will Complete:

Early Childhood (P – Grade 3) \_\_\_ Elementary (K - 8) \_\_\_ Middle Grades, Not Subject Specific (4 - 8) \_\_\_

Special Education (P - 12) \_\_\_ Disability area if not cross categorical, indicate disability and area of focus \_\_\_\_\_

Secondary Endorsement \_\_\_ (indicate area of study) \_\_\_\_\_

K – 12 Endorsement \_\_\_ (indicate area of study) \_\_\_\_\_

Does this program include student teaching? Yes \_\_\_ No \_\_\_

Will this experience post to an official transcript? Yes \_\_\_ No \_\_\_

Does this program lead to licensure? Yes \_\_\_ In which state \_\_\_\_\_ No \_\_\_

**To be signed by the appropriate college official (Dean of Education, Certification Officer, Licensure Official, etc.)**

Upon review of the academic records provided by the above-named party, I find both of the following statements to be true:

The Applicant can meet requirements for full licensure within the three-year valid period of the license. Yes \_\_\_

The Applicant meets the professional educator preparation program’s admission requirements. Yes \_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Printed Name and Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please contact the Montana Educator Licensure Unit with any questions regarding the completion of this form (406) 444-3150**

College Seal