



University Recommendation for School Counseling Endorsement


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 completed your school counselor preparation program.

University Official: Return the completed form to the OPI Educator Licensure Unit via email to 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): _____

Accreditation of the School Counseling Preparation Program

Circle accreditation of the School Counseling Preparation Program at the time of student completion: CACREP CAEP NCATE
State Other If "Other", i.e., Alternative route, please describe: _____

Type of Master's Degree Completed by Applicant:

___ School Counseling
___ Other (please describe): _____

Number of internship hours in a school setting: _____ hours

I attest that the above-named candidate **has completed** an accredited school counseling program that contained an internship in a school setting.

The program completed leads to licensure in the State of: _____.

Signature

Date

Printed Name and Title: _____

Email Address: _____ Phone Number: _____

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

College Seal