



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 the OPI Licensure Unit, as a PDF, to [cert@mt.gov](mailto:cert@mt.gov)

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
<b>Secondary Endorsements 5-12</b>	<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		
<b>K-12 Endorsements</b>	Approved Subject Area	Approved Subject	Approved Subject Area
	<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