



University or Alternative Program Recommendation 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 or Alternative program where you completed your educator preparation program.

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

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 (P – Grade 3) ___ Elementary (K - 8) ___ Middle Grades, Not Subject Specific (4 - 8) ___
Indicate Secondary and K – 12 below. If the EPP was different than 5 – 12 or K – 12, please indicate level of program.

Secondary Endorsements 5 – 12 (check all that apply)

Agriculture ___ Biology ___ Business Education ___ Chemistry ___ Communications ___ Earth Science ___
Economics ___ English ___ Family & Consumer Science ___ Geography ___ Health ___ History ___
Industrial Trades and Technology Education ___ Journalism ___ Mathematics ___ Physics ___ Political Science ___
Psychology ___ Science (Broadfield) ___ Social Studies (Broadfield) ___ Sociology ___ Theatre ___

K – 12 Endorsements (circle all that apply)

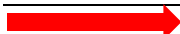
Art ___ Computer Science ___ English as a Second Language ___ Health & Physical Education ___ Library ___
Music ___ Physical Education (no Health Preparation) ___ Reading ___ Traffic Education ___

World Languages (subject area): _____

Special Education: Cross Categorical ___

Special Education: Hearing Impairment ___

Special Education: Vision 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 _____

Date _____

Printed Name and Title: _____

Email Address: _____ Phone Number: _____ College Seal