



### Verification of Eligibility for Initial Licensure

**Applicant Information (To be completed by the Applicant)**

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

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

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

Last Four Digits of Your SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

 Remainder of this form is to be completed and signed by the appropriate Tribal official.

Tribal Official: Return the completed original form to the OPI Educator Licensure Unit via mail to:  
OPI Educator Licensure Unit, PO Box 202501, Helena, MT 59620-2501

Applicant's name: \_\_\_\_\_ is recognized by the  
\_\_\_\_\_ Tribe, as having met the criteria as a specialist in the selected language below.

**Recognized Language**

- \_\_\_\_\_ Assiniboine (Nakoda, Nakona)
- \_\_\_\_\_ Blackfeet (Pikuni)
- \_\_\_\_\_ Cheyenne (Tsetsêhesêstâhase So'taa'eo'o)
- \_\_\_\_\_ Chippewa (Annishinabe)
- \_\_\_\_\_ Cree (Ne-i-yah-wahk)
- \_\_\_\_\_ Crow (Apsáalooke)
- \_\_\_\_\_ Gros Ventre (A'aninin)
- \_\_\_\_\_ Kootenai (Ktunaxa)
- \_\_\_\_\_ Pend d'Oreille (Q'lispé)
- \_\_\_\_\_ Salish (Sélis)
- \_\_\_\_\_ Sioux (Dakota)

I attest that the above-named applicant **is eligible** for a Class 7 American Indian Language and Culture Specialist license.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

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

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