New Jersey State Department of Education
Office of Certification and Induction

VERIFICATION OF PROGRAM COMPLETION

For submission by anyone who has completed a college/university educator preparation program.

A. Basic Information *Please print your name as it appears on any documentation that you are required to submit*

Last Name	First Name	Middle Name or Initial
Street Address		
City	State	Zip
Social Security Number	Date of Birth: (MM/DD/YY)	
Phone Number	E-mail Address	

B. To Be Completed by College/University

The above named applicant has requested New Jersey educator licensure. Please complete information in Section B. regarding this applicant. To be valid, this form must be signed by the dean of the college or school of education, the certification officer, the chairman of the education department or the dean's designee at the institution where the applicant completed his/her educator preparation and certification program. A stamped signature must be initialed by the person using the stamp. Verify your information with your school seal. PLEASE RETURN THIS FORM TO THE APPLICANT.

a. Has this applicant completed your state-approved educator preparation program? If yes, please list date of completion: Yes No
Circle whichever applies

b. Was the applicant eligible for certification in your state at the completion of his/her educator preparation program? If no, what were the deficiencies? Yes No
Circle whichever applies

c. Certification area and/or grade level in which the applicant is recommended for:

d. Student Teaching, Clinical Practice, Internship and/or Practicum Experience

Course Title(s):_____ Course Number(s):_____

Grade Level/Setting:_____

Number of Clock Hours:_____

C. Certification

Name of College/University

Address

City	State	Zip

Printed Name of Individual Completing this Form	College / University Seal
Contact Telephone Number	
Printed Name & Title of Authorizing Officer (Chairperson, Education Department/Certification Officer)	
Signature of Authorizing Officer	
Date	

Applicant: Please return this form to:

New Jersey State Department of Education
Office of Certification and Induction
P.O. Box 500
Trenton, New Jersey 08625-0500
Attention: Verification of Program Completion