

**ILLINOIS STATE BOARD OF EDUCATION**  
 Educator Certification Division  
 100 North First Street, S-306  
 Springfield, Illinois 62777-0001

**STATE-APPROVED PROGRAM VERIFICATION**

**PART I - TO BE COMPLETED BY APPLICANT**

An applicant for an Illinois teaching, administrative, or school service personnel certificate who has completed a state-approved program of preparation at a college or university shall use this form to verify completion of the program. The applicant should provide all information requested in Part I of this form. **Please request that the college/university forward the completed form directly to the Educator Certification Division, Illinois State Board of Education at the address at the top of this form. Forms returned to the applicant or Regional Office of Education will not be honored.**

APPLICANT'S NAME (Last, First, Middle, Maiden)	SOCIAL SECURITY NUMBER	BIRTHDATE (mm/dd/yyyy)
ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)	
	E-MAIL	

NAME OF COLLEGE/UNIVERSITY	
ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)

**PART II - TO BE COMPLETED ONLY BY THE COLLEGE/UNIVERSITY**

Please verify that the above-named applicant has completed your state-approved program of preparation that, in your state, leads to a certificate comparable to the specific types listed below. Please stamp the completed form with the appropriate seal of the institution, date it, and affix the signature of the registrar, certification officer, or other authorized official. Send the form to the Educator Certification Division, Illinois State Board of Education. **Forms returned to the applicant or Regional Office of Education, will not be honored.**

**TYPE OF CERTIFICATE FOR WHICH APPLICATION IS BEING MADE**

TEACHING CERTIFICATE	SCHOOL SERVICE PERSONNEL CERTIFICATE (K - 12)	ADMINISTRATIVE CERTIFICATE
<input type="checkbox"/> Early Childhood (PreK-Grade 3) _____ Age or Grade Level	<input type="checkbox"/> School Counselor	<input type="checkbox"/> General Administrative (K-12) (Principal)
<input type="checkbox"/> Elementary (K-9) _____ Grade Level	<input type="checkbox"/> School Social Worker	<input type="checkbox"/> Superintendent (K-12)
<input type="checkbox"/> Secondary (6-12) _____ Teaching Fields	<input type="checkbox"/> School Psychologist	<input type="checkbox"/> Chief School Business Official
<input type="checkbox"/> Special (K-12) _____ Grade Level and/or Teaching Field(s)	<input type="checkbox"/> School Nurse  <input type="checkbox"/> Speech Language Pathology, Non-Teaching	<input type="checkbox"/> Director of Special Education

*I certify that the applicant has completed all requirements of our approved program in effect at the time of applicant's attendance for which recommendation is given.*

NAME OF COLLEGE/UNIVERSITY	TELEPHONE (Include Area Code)	FAX (Include Area Code)
NAME AND TITLE OF AUTHORIZED OFFICIAL	E-MAIL	

**COLLEGE/UNIVERSITY**  
**Seal**

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Authorized Official