

# VERIFICATION BY INSTITUTION: COMPLETION OF APPROVED EDUCATION PROGRAM

## *How to Apply*

### **Applicant:**

- Fill in current personal information (please print or type).

### **Approved Educator Preparation Program Dean/Associate Dean or Licensure Officer:**

- Complete **one (1)** of the boxes in the center section of this form
- Check the regional accreditation, state approval and program requirement boxes at the bottom of this form
- Sign form verifying the above
- Include email address

### **Submitting the form:**

- Submit a completed copy of Form V, along with all other required documentation and evaluation fees, online at <https://vo.licensure.ncpublicschools.gov/>. Application instructions and additional information are available within the online licensure system.

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**TO THE APPLICANT:** Fill in the information above the line. Please type or print.

last name	first name	middle name	maiden name
street address		city	state
social security number			

**TO THE DESIGNATED COLLEGE OFFICIAL:**  
Fill in ONE of the boxes and BOTH sections at the bottom of the page.

The applicant completed requirements for the

<input type="checkbox"/> bachelor's	<input type="checkbox"/> master's
<input type="checkbox"/> six year (educational specialist)	<input type="checkbox"/> doctorate

degree and **finished an approved education program** in the licensure area(s) of (e.g. elementary education, music, secondary mathematics, etc. as stated on lines below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date program completed \_\_\_\_\_  
month, day, year

The applicant did not earn a degree from this institution but completed an approved education program at the degree level of

<input type="checkbox"/> bachelor's	<input type="checkbox"/> master's
<input type="checkbox"/> six year (educational specialist)	<input type="checkbox"/> doctorate

in the area(s) of (e.g. elementary education, music, secondary mathematics, etc. as stated on lines below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date program completed \_\_\_\_\_  
month, day, year

The program completed meets the following accreditation, approval, or program requirements (check all that apply):

- National Council for Accreditation of Teacher Education (NCATE/TEAC/CAEP)
- National Association of State Directors of Teacher Education and Certification Standards (NASDTEC)
- Education program approval by the state of \_\_\_\_\_
- Regional accreditation by (name of body) \_\_\_\_\_

The applicant completed an education program approved in the area(s) and at the level(s) recommended. The approved program was in effect during the applicant's period of study.

\_\_\_\_\_

name of institution

\_\_\_\_\_

designated official (licensure officer, dean of education)

\_\_\_\_\_

title

\_\_\_\_\_

signature date

\_\_\_\_\_

email address