

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
			zip code
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

☐ bachelor's ☐ master's

☐ six year ☐ doctorate
(educational specialist)

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

☐ bachelor's ☐ master's

☐ six year ☐ doctorate
(educational specialist)

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