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| MA State Seal | *Massachusetts Department of Elementary and Secondary Education* | |
| Office of Educator Licensure | Telephone: (781) 338-6600 |
| 75 Pleasant Street, Malden, Massachusetts 02148-4906 | TTY: N.E.T. Relay (800) 439-2370 |

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| **Verifying Graduate Credits Toward theProfessional Licensure “12-Credit Option.”** | | |
| *The intent of this form is to assist the Office of Educator Licensure to verify that graduate credits awarded to the applicant as noted below are applicable toward the Professional licensure option commonly referred to as the “12-credit option.” Please note that this form alone is not sufficient and there must also be an official transcript on file for the coursework. A college/university may be in a position to complete this form but it is not a requirement or expectation of ESE.* | | |
| Applicant’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| MA educator license # **or** MEPID #  **or** SSN #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Professional teacher license sought: field \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| This applicant has completed the below noted graduate level coursework awarding semester hours of graduate credit and this coursework includes only the subject matter knowledge (*see Massachusetts Regulations for Educator Licensure and Preparation Program Approval 603 CMR 7.06*.) of the Professional license field sought or is coursework that includes pedagogy and only the subject matter knowledge of the professional license field sought. | | |
| Course Prefix, Number, and Title | Semester Hours of Graduate Credit Awarded | |
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| Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
| *(registrar, dean, department chair*, *approved program licensure officer, or course instructor)* | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Name of Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Telephone number or email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| *The Department may contact you if any clarification is needed.* | | Affix Seal/Stamp |
| **Please note:** This document can not be uploaded directly into your ELAR account if affixed with a \*seal that crimps the paper. If the document has been stamped; it can be uploaded into your ELAR account. For directions on how to upload; please visit [www.mass.gov/ese/licensure](http://www.mass.gov/ese/licensure) and select the How to Use the ELAR Portal link in the left navigational bar. | | |