

## Massachusetts Department of Elementary and Secondary Education

Office of Educator Licensure
75 Pleasant Street, Malden, Massachusetts 02148-4906

(781) 338-6600

TTY: N.E.T. Relay (800) 439-2370

## **Verification of Completion:**

## **Approved Educator Preparation Program Outside of Massachusetts**

Applicant Information:		
Name:		
Social Security or MEPID Number:		
Address:		
Date of Birth: Phone: ( )		Phone: ( )
Institution/Provider Information:		
College/University/Provider:		
Address:		
Website:		
Phone:		
Program & Endorsement Area(s); Please check all that apply:  NCATE/TEAC/CAEP-Accredited Traditional* State/Jurisdiction-Approved Educator Preparation Program Alternative/Non-traditional* State/Jurisdiction-Approved Educator Preparation Program  Please note: Massachusetts participates with every state and the District of Columbia via the NASDTEC Interstate Agreement (www.nasdtec.org), effective 2010-2015, for all educator licenses EXCEPT School Psychologist, School Nurse, and Speech, Language, and Hearing Disorders.  Note: The following section must be completed and signed below by a Dean, Registrar, Certification Officer, or Alternative/Non-traditional Program Administrator:		
me above namea applica	nt has successfully completed an educator preparation for	on
Licensure Field (ex. Math)	Grade Level(s) (ex. 5-8)	Date
Name (Print): Title:		
Signature:		
Date:		Affix *Seal/Stamp

Please refer to the NASDTEC 2010-2015 Interstate Agreement (<u>www.nasdtec.ora</u>) for the definitions of Traditional- and Non-Traditional-Approved Educator Preparation Program.

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