

VERIFICATION OF PROGRAM COMPLETION for CE-EPPs

For submission by anyone who has completed a CE educator preparation program.

A. Basic Information *Please print your name as it appears on any documentation that you are required to submit*

Last Name First Name Middle Name or Initial

Street Address

City State Zip

Tracking Number Date of Birth: (MM/DD/YY)

Phone Number E-mail Address

B. To be completed by the CE-EPP upon completion of the 50 Hours Pre-Professional Experience

This verification of 50 hours must be presented to your hiring school district in order to obtain the Provisional certificate. This is to certify that the above named applicant has completed the 50 hours of Pre-Professional experience.

Name of CE-EPP: _____ Date of completion: _____

Printed Name of Individual Completing this Section: _____ Signature of Authorizing Officer: _____

C. To be completed by the CE-EPP upon completion of the entire program

The above named applicant has requested New Jersey educator licensure. Please complete information in Section B. regarding this applicant. To be valid, this form must be signed by the dean of the college or school of education, the certification officer, the chairman of the education department or the dean's designee at the institution where the applicant completed his/her educator preparation and certification program or appropriate designee of the CE-EPP if not affiliated with a college/university. A stamped signature must be initialed by the person using the stamp. Verify your information with your school seal (if applicable).

a. Date of completion of your state-approved CE Educator Preparation Program, including the Performance Assessment: _____
• Performance Assessment score: _____
• Number of hours/credits completed: _____

b. Were there any hours/credits transferred from another program/college? Yes No
• If yes, number of hours/credits transferred: _____ **Circle whichever applies**
• Name of Program/College: _____

c. Certification area(s) and/or grade level in which the applicant has completed this CE-EPP: _____

D. Certification

Name of CE-EPP: _____

Address: _____

City: _____ State: _____ Zip: _____

Printed Name of Individual Completing this Form: _____

Contact Telephone Number: _____

Printed Name & Title of Authorizing Officer (Chairperson, Education Department/Certification Officer): _____

Signature of Authorizing Officer: _____

Date: _____

College/University Seal
(If applicable)

Applicant: Please return this original form to:

New Jersey State Department of Education
Office of Certification and Induction
P.O. Box 500
Trenton, New Jersey 08625-0500
Attention: Provisional Teacher Process Office

Note: Applicants that have completed a credit-based program must submit an official transcript along with this form.