



Division of Educator Effectiveness
200 West Baltimore Street
Baltimore, MD 21201
410-767-0390

VERIFICATION OF PROGRAM

APPLICANT INFORMATION

Applicant full name: _____
(Please print your full name as it appears on any documentation that you are required to submit)
TEACH ID: _____ Email address: _____
Date of Birth: (MM/DD/YYYY) _____ Last 4 of SS#: _____
Signature of Applicant: _____ Date: _____

EDUCATOR PREPARATION PROGRAM INFORMATION AND VERIFICATION

This section must be completed in its entirety by the educator preparation provider in the state where the educator preparation occurred in reference to the candidate named above who is seeking licensure in the state of Maryland.

Has this applicant completed your State-approved educator preparation program?
 YES NO Date of Completion: _____

Please select the appropriate accreditor: CAEP STATE _____ Alternative Preparation
(if applicable, please provide name of Alternative Preparation program) _____

If No was selected, is this applicant currently/actively enrolled in an educator preparation program with your institution/organization? YES NO Please provide the name: _____

Was/Is the applicant eligible for licensure in your state upon completion of this educator preparation program? YES NO

If yes, please provide the following:

Area of certification/licensure _____ and grade level _____

Internship/Practicum _____

AUTHORIZING INFORMATION

Name of College/University or Alternative Preparation Program: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Printed Name of Authorized Officer (Chairperson, Certification Officer) Completing this form:

Telephone Number: _____ Email address: _____

Signature of Authorized Officer: _____ Date: _____