



SOUTH CAROLINA DEPARTMENT OF EDUCATION

Service & Leadership Fields Verification of Educator Preparation Recommendation for Certification

Office of Educator Services
South Carolina Department of Education
849 Learning Lane
West Columbia, SC 29172
(803)896-0368 | fax
certification@ed.sc.gov | email

Applicant Information

Applicant Name: _____ **Last four digits of SSN:** ***-**-_____

Address: _____ **Date of Birth:** _____

_____ **Phone:** _____

_____ **Email:** _____

The following information is to be completed by the **designated official** at the applicant's educator preparation provider. Please fill out all required fields and submit directly to the SC Department of Education, Office of Educator Services via the addresses provided for email, mail, or fax.

This recommendation form is for candidates who have completed programs in school principal, speech-language pathology, school librarian, school counselor, and school psychology. Please use the **Recommendation Form for Classroom Teaching Fields** to recommend candidates for classroom teaching fields.

1. Certification by Advanced Program

Has the applicant satisfactorily completed all requirements of an educator preparation program in one or more of the following fields?

Field: (Check all that apply.)

☐ Yes ☐ No

School Principal

School Psychologist

☐

School Counselor

District Superintendent

Speech-Language Pathologist

☐

School Librarian

Date of Completion: _____

Grade Span: _____

Does this program lead to certification in the state which holds jurisdiction over the program?

☐ Yes ☐ No

Does this candidate meet requirements for certification in the state which holds jurisdiction over the approved program?

☐ Yes ☐ No

If no, please indicate why: _____

Has the applicant satisfactorily completed all assessment requirements (subject area)?

Yes No

Provider Accreditation:

(Check all that apply.)

☐

State Approval

☐

Regional Accreditation

☐

National Accreditation

(please specify): _____

Degree Awarded:

☐

Master's

☐

Ed.S.

☐

Doctorate

☐

Certification Only

Program Accreditation:

☐

CACREP

☐

ASHA

☐

Other: _____

Program Delivery:

☐

Online

☐

Hybrid

☐

Traditional

2. Recommendation for Certification and Official Signature

By signing below, I verify that:

1. All information regarding the applicant's completion of an approved program/endorsement and eligibility for certification/endorsement is accurate;
2. The applicant maintained ethical standards required of an educator while participating in the state-approved program.

Signature of Dean or Designated Official

College or University

Name (Please Print)

Date

Title or Position

Contact Number/Email

Place College or University Seal or Stamp Here.



INSTRUCTIONS FOR THE APPLICANT:

- Please complete all information in the Applicant Information section of the form and then submit the form and instructions to the education dean's office at the college or university.
- The college or university official must submit the completed verification directly to the South Carolina Department of Education as indicated on the form. Completed forms must be submitted by email, mail, or fax with the addresses provided.
- The Office of Educator Services Call Center is available Monday, Wednesday, and Friday from 12:30 p.m. to 4:30 p.m. and Tuesday and Thursday from 9:00 a.m. to 1:00 p.m. except on state holidays. The Call Center may be reached at (803) 896-0325.

INSTRUCTIONS FOR THE EDUCATOR PREPARATION PROVIDER:

- The applicant indicated on the attached form has applied to the South Carolina Department of Education for a teaching credential and must provide official verification of the completion of an approved educator preparation program. We appreciate your assistance with the completion of this form and the certification process.
- The form must be signed by the education dean or designee of the educator preparation provider.

Section 1: Verification of Educator Preparation

- **Program Completion.** Please indicate whether or not the applicant has completed all requirements of an approved educator preparation program and provide the specified information regarding the service and leadership area and grade span of the approved program.
- **Program Completion Date.** Indicate the date on which the candidate completed all requirements of the approved educator preparation program.
- Please indicate if the applicant meets requirements for certification/licensure in the state that holds jurisdiction over the educator preparation program. If the applicant is not eligible for certification in that state, please indicate the reason.
- Indicate the accreditation status of the provider and program, the degree awarded, and the program delivery method.

Section 2: Recommendation for Certification and Official Signature

- The form must be signed by the education dean or other designated official of the educator preparation provider.
- By signing the form, the official verifies the applicant's eligibility for certification as indicated on the form and that the candidate maintained ethical standards of an educator while completing the program.
- If the institution does not have an official seal or stamp, the official completing the form may attach an official business card.