



**SOUTH CAROLINA
DEPARTMENT OF EDUCATION**

Montessori Education 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

(To be completed by applicant)

Applicant Name: _____ Last Four Digits of SSN: ***-**-_____

Date of Birth: _____ Phone: _____ Email: _____

Address: _____

Verification of Educator Preparation

(To be completed by a designated official of the MACTE accredited program provider)

Name of Provider: _____

Year of initial MACTE accreditation: _____ Year of current MACTE accreditation expiration: _____

Which program(s) has the educator completed?

Early Childhood. Completed program on: _____

Elementary I. Completed program on: _____

Elementary II. Completed program on: _____

Secondary I. Completed program on: _____

Secondary II. Completed program on: _____

By signing below, I indicate that the provider is MACTE accredited and that the applicant completed a MACTE approved program for the indicated levels of certification.

Signature of Designated Official: _____ Date: _____

Name in Print: _____ Title or Position: _____

Phone: _____ Email: _____

Place School Seal or Stamp Here