SOUTH CAROLINA DEPARTMENT OF EDUCATION

Classroom Teaching 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 information below must be completed and submitted to the South Carolina Department of Education, Office of Educator Services by the **designated official** at the applicant's educator preparation provider. The form may be submitted via email, mail or fax using the information above. This recommendation form is for **classroom teaching fields only**. Please use the **Recommendation Form for Service and Leadership Fields** to recommend candidates who have completed programs in leadership, speech-language pathology, library-media, school guidance counseling and school psychology.*

1. Verification of Educator Preparation

Has the applicant satisfactorily completed all requirements of an approved educator preparation program? ☐ Yes ☐ No

Has the applicant satisfactorily completed all assessment requirements (subject area and pedagogy)? ☐ Yes ☐ No

Content Area: _____ Grade Span: _____

Program Completion Date: _____ Degree Conferral Date (if different): _____

Student Teaching Information

Start Date: _____ End Date: _____ Grade(s): _____

School: _____ District: _____ State: _____

1a. South Carolina (In-state) Provider

Educator has met requirements for: ☐ Read to Succeed Literacy Teacher ☐ Read to Succeed Literacy Requirement

1b. Out-of-State Provider

Does this candidate meet requirements for certification in the state which holds jurisdiction over the approved program? ☐ Yes ☐ No

If no, please indicate why: _____

2. Provider Information

Institution Accreditation:
- ☐ State Approval
- ☐ Institutional Accreditation
- ☐ National Accreditation (please specify): _____

Degree Awarded to Educator:
- ☐ Bachelor's
- ☐ Master's
- ☐ Ed.S.
- ☐ Doctorate
- ☐ Certification Only

3. Recommendation for Certification and Official Signature

By signing below, I verify that:

1. All information regarding the applicant's completion of an approved program and eligibility for certification 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.

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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.
- The Office of Educator Services Call Center is available Monday through Friday from 8:30 a.m. to 4:30 p.m. except on state holidays at (803) 896-0325 if you need further assistance.

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 content 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.
- ***Student teaching placement:*** Provide the start and end dates of the student teaching or clinical experience; the grade(s) in which the candidate was placed; and the school, district, and state of the clinical placement.

Section 1A: South Carolina (In-State) Provider

- Please indicate if the applicant has met the pre-service requirements of the ***Read to Succeed Act.***

Section 1B: Out-Of-State Provider

- 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.

Section 2: Provider Information

- Indicate the accreditation status of the provider and the degree awarded.
- Institutional accreditation is the current designation for what was previously known as regional accreditation.

Section 3: 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.