



NEW MEXICO

Public Education Department

Approved Program Completion Verification Form

This form is for applicants who completed state-approved educator preparation programs with institutions/providers located and operating outside of New Mexico. Incomplete forms or forms not properly signed shall not be accepted for processing.

I. To be completed by Applicant

Applicant full name:			
Maiden or other names used:			
SSN:		Date of birth:	
Mailing address:			
Email address:		Phone #:	
Name of institution/provider where program was completed:			

II. To be completed by the program's Certification Officer

I certify that the applicant named above has successfully completed ALL requirements of our approved preparation program for certification in the focus area(s) indicated below:

	Name of program concentration/specialty area	Grades covered by program	Date completed
1			
2			
3			

Program type completed: Bachelor's Master's Adv. Cert. Specialist Doctorate
 Licensure Only (non-degree)

Pathway/route type: Traditional Alternative Other:

What type of field experience(s) were required?

Did completion of the program lead to state certification/licensure? Yes No

OR

This applicant did **NOT** successfully complete ALL components of our approved preparation program for certification for the reason(s) checked below:

Did not complete the required student teaching / field practicum / internship portion of the program.

Did not successfully pass all program required test(s).

Did not successfully complete all program requirements in force at the time of his/her attendance.

Other:

Signature of verifying official	Printed name	Position/Title
Email address	Contact telephone number	