EDUCATOR PREPARATION PROGRAMS (EPPs) VERIFICATION LETTER FOR RESIDENCY LICENSURE

Applicant Name:	Last four of SSN:
Signature:	Date:
RESIDENCY ANTICIPATED PLACEMENT INFORMATION Public School District/Charter School Name: I Verify that the above-listed Resident Licensee Applicant IS currently enrolled in a department-approved educator preparation residency program with the essential competencies in the area(s) listed below and is hereby recommended for licensure. (Do not attach the licensee's evaluation.)	
 secondary educational institutions and tribal control hold a bachelor's degree, be a professional from an approved teacher preparation program that from a regionally accredited college or university achievement; and 	undergraduate educator preparation program at public post-
within state agencies, must hold a valid teacher resider be assigned, and serve as teacher residents in a co-teacher	in public schools, in those special state-supported schools nt license issued by the ("PED"). Teacher residents shall work ching model to a Level II or III mentor teacher duly licensed bord. Residents work alongside a strong mentor teacher, as therships.
EPP Institution Official Signature:	Date: