

MICRO-CREDENTIALS VERIFICATION FOR ADVANCEMENT

CONTACT INFORMATION

Educator's Name:* _____ Educator's Email Address:* _____

District/Charter Name:* _____ School Name:* _____

LICENSURE INFORMATION

License Number* _____

What year did you receive your current license?* _____

Licensure Type*

- K-8 Elementary
- 5-9 Middle-Level
- 6-12 Secondary
- Birth to Pre K Early Childhood
- Pre K – Grade 3 Early Childhood
- Pre K-12 Specialty Area
- Pre K-12 Special Education

- *Select all that apply.*

Current Level of Licensure*

- Level 1 Provisional
- Level 1 Alternative
- Level 2 Professional

- *Select which option applies to you.*

- **All fields marked with an asterisk (*) are required fields and must be completed.**

REQUIREMENTS

If this teacher holds a level 1 alternative license, have they completed their alternative requirements?*

Yes No N/A

Level one teachers: This teacher will have completed the required mentorship program at this licensure level when they advance.*

Yes No N/A

If this teacher holds a level 2 license, have you uploaded the transcript with the master's degree?*

Yes No N/A

This teacher has been a teacher of record for three (3) full years (480 instructional days) at the current license level.*

Yes No

This teacher will have three (3) successful evaluations at this licensure level when they advance.*

Yes No

- The license must be issued for the current School Year (SY): 7/1/2023.
- The License must be issued for the next School Year (SY): 7/1/2024.
- The License must be issued for the next School Year (SY): 7/1/2025.
- The License must be issued for the next School Year (SY): 7/1/2026.
- The License must be issued for the next School Year (SY): 7/1/2027.

By signing this form, I verify that the above information is true and correct.

District/Charter HR Signature: _____

Date: _____

Superintendent/Designee Signature: _____

Date: _____