

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.)

Persons seeking a one-year non-renewable licensure as a teacher resident shall meet the following requirements:

- not hold a level one, two, or three-A teaching license; **and**
- be in the final year of a department-approved undergraduate educator preparation program at public post-secondary educational institutions and tribal colleges; **or**
- hold a bachelor's degree, be a professional from outside the field of education, and simultaneously enroll in an approved teacher preparation program that has a department-approved teacher preparation program from a regionally accredited college or university; and have strong content knowledge or a record of achievement; **and**
- official certification to PED of admission in a department-approved educator preparation program by a public post-secondary educational institution.

All persons who perform services as teacher residents in public schools, in those special state-supported schools within state agencies, must hold a valid teacher resident license issued by the ("PED"). Teacher residents shall work, be assigned, and serve as teacher residents in a co-teaching model to a Level II or III mentor teacher duly licensed by the PED. Teacher Residents cannot be teachers of record. Residents work alongside a strong mentor teacher, as defined in statute and agreed to by local residency partnerships.

All persons holding a teacher resident license are qualified to occasionally serve in a substitute capacity as agreed on by local residency partnerships and adhering to department provided teacher residency guidance.

EPP Institution Official Signature: _____ Date: _____