



STATE OF MAINE
 DEPARTMENT OF EDUCATION
 23 STATE HOUSE STATION
 AUGUSTA, ME 04333-0023

JANET T. MILLS
 GOVERNOR

A. PENDER MAKIN
 COMMISSIONER

VERIFICATION OF PROGRAM COMPLETION

For submission by anyone who has completed a college/university educator preparation program.

A. Basic Information *Please print your name as it appears on any documentation that you are required to submit*

Last Name	First Name	Middle Name or Initial
Street Address		
City	State	Zip
Social Security Number	Date of Birth: (MM/DD/YY)	
Phone Number	E-mail Address	

B. To Be Completed by College/University

The above-named applicant has requested Maine Teaching Certification. Please complete information in Section B. regarding this applicant. To be valid, this form must be signed by the dean of the college or school of education, the certification officer, the chairman of the education department or the dean's designee at the institution where the applicant completed his/her educator preparation and certification program.

a. Has this applicant completed your state-approved educator preparation program? If yes, please list date of completion:	Yes No Circle whichever applies
b. Was this applicant eligible for certification in your state at the completion of his/her educator preparation program? If no, what were the deficiencies?	Yes No Circle whichever applies
c. Certification area and/or grade level in which the applicant is recommended for:	

C. Certification

Name of College/University:	
Address:	
City:	State: Zip:
Printed Name of Individual Completing this Form:	Contact Telephone Number:
Printed Name & Title of Authorizing Officer (Chairperson, Education Department/Certification Officer):	
Signature of Authorizing Officer:	Date:

Applicant: Please return this form to the address below or upload directly to educators account:
 Certification Office
 Office of Higher Education and Educator Support
 Maine Department of Education
 23 State House Station
 Augusta, ME 04333