



New Jersey Department of Education
Office of Certification and Induction

Verification of Preparation Program Completion

This form is submitted on behalf of a candidate who has completed an educator preparation program. This form must be sent directly from the university email address of the Authorizing Officer (Chairperson, Education Department/ Certification Officer) to the NJDOE at CertApplication@doe.nj.gov and must have the signature of the Authorizing Officer.

Candidate Contact Information

Information submitted should match any other required documentation.

Last Name: First Name: Middle Name or Initial:

Street Address:

City: State: Zip Code:

Last Four Digits of Social Security Number: ***-**-**** Email Address:

Tracking Number (If Known): Date of Birth (mm/dd/yyyy):

Phone Number:

College or University Verification

Complete questions one through five in reference to the candidate named above who is seeking New Jersey educator certification.

1. Has this candidate completed your state-approved educator preparation program? Yes No

a. If yes, please list date of completion (mm/dd/yyyy):

2. **If the candidate is applying for teacher certification:** Has the candidate completed and passed or was waived from the state-approved teacher performance assessment (edTPA, Praxis Performance Assessment for Teachers (PPAT), or another state-approved performance assessment)?

Yes No

a. If yes, please complete the following:

Name of Assessment:

Test Date (mm/dd/yyyy): Score:

3. Was this candidate eligible for certification in your state at the completion of their educator preparation program?

Yes No

a. If no, please list the reasons:

4. Certification area and/or grade level in which the applicant is recommended for:

5. Student Teaching, Clinical Practice, Internship and/or Practicum Experience

Course Title(s):

Course Number(s):

Grade Level/Setting:

Number of Clock Hours:

Authorizing Information

Name of College/University:

Street Address:

City:

State:

Zip Code:

Daytime Telephone Number:

Title of Authorizing Officer:

E-mail of Authorizing Officer:

Signature of Authorizing Officer: