ED 170A
SHORT FORM

STATEMENT OF PREPARING HIGHER EDUCATION INSTITUTION

This institutional recommendation must be signed by the administrative official authorized to make such recommendation (Dean of the School of Education or Certification Officer) and **MUST include the embossed or colored seal of the college or university**.

Print all information in dark ink and in uppercase letters.

APPLICANT'S LAST NAME | FIRST NAME | MI | EDUCATOR IDENTIFICATION NUMBER (EIN)

NAME OF HIGHER EDUCATION INSTITUTION | CITY | STATE | ZIP CODE

1a. The applicant has successfully completed a planned program for certification in: ☐☐☐☐☐☐ (endorsement codes)

1b. ☐ Check box if the applicant completed a planned program for bilingual education in above discipline(s).

1c. Student teaching/practica/internship was completed at _____ (school/district)
(circle one)
in grade/subject _____ (grade/subject) from _____ (date) to _____ (date)

1d. Student teaching/practica/internship was completed at _____ (school/district)
(circle one)
in grade/subject _____ (grade/subject) from _____ (date) to _____ (date)

1e. ☐ Check box if student teaching/practica/internship was waived on the basis of preapproved experience or if applicant taught under a Durational Shortage Area Permit (DSAP). Please attach a written explanation and the Statement of Professional Experience form.

1f. ☐ The applicant has successfully passed all assessments applicable to the endorsement

2. Subject area major _____

3. Date applicant completed all planned program requirements ☐☐ - ☐☐ - ☐☐☐☐ (month) (day) (year)

4. ☐ Check box if applicant is recommended for certification as a school psychologist with a deficiency for the internship.

5. The applicant is unconditionally recommended for certification (has satisfactorily completed the institution's approved planned program, including the state's testing requirements, has the qualities of character and personal fitness for teaching, and is competent in the areas for which certification is sought). ☐ YES ☐ NO

Daisy Torres-Hill, Ed.D.
TYPED OR PRINTED NAME OF RECOMMENDING OFFICIAL

Assistant Dean and Certification Officer
TITLE

SIGNATURE OF RECOMMENDING OFFICIAL

DATE

860-832-2144
TELEPHONE

FAX

dtorres-hill1@ccsu.edu
E-MAIL

Check box if you are requesting additional endorsement(s) and submit official transcript(s).

If eligible for the additional endorsement(s) requested, you will be notified in writing and required to submit $100 for each endorsement.

Additional endorsement(s) requested in: ☐☐☐☐☐☐ (endorsement codes)

PLACE COLLEGE OR UNIVERSITY SEAL HERE