

RESIDENCY LICENSE VERIFICATION / CERTIFICATION OF SUPERVISION (FORM RL)

Local Education Agency (LEA) and Educator Preparation Program (EPP)

CANDIDATE SECTION: Fill in the information above the line. Please type or print.

Last Name	First Name	Middle Name	Maiden Name	
Street Address		City	State	Zip Code
Social Security Number – Last 4 digits	Signature			

DESIGNATED LEA Official: Check the box to verify employment within a school in the represented LEA and fill out the corresponding information below for the LEA.

The candidate is hired as a teacher in the designated LEA as part of the Residency License requirements.

TO THE DESIGNATED EPP Official: Check the box(es) to verify enrollment in an EPP and the 24 hours relevant coursework OR the passing of the SBE-approved content exams of the Residency License requirements and fill out the corresponding information below for the EPP. *This is the Certification of Supervision for the EPP.*

The candidate is enrolled in the _____ license area of the approved educator preparation program as part of the Residency License requirements.

AND

The candidate meets the 24 hours relevant course work as part of the Residency License requirements (Year 1 only). **(OR)**

The candidate has passed all NCSBE required examination(s) for licensure in the requested area (Year 1 only). **(OR)**

- o In the case of Elementary Education - Foundations of Reading (Test #090) (OR)
- o In the case of ECGC – Praxis II (Test #5543)

Name of EPP

Name of LEA

Designated Official (Dean of Education, Licensure Officer)

Designated Official (Licensure Officer, HR Personnel)

Title

Title

Signature

Date

Signature

Date

Email Address

Email Address