



**INSTRUCTIONS:** This form is required to verify the information provided in Section II on the PI-1624-LWS1 form. Complete and submit this form along with PI-1624-LWS1.

For best results, any PDF form should be downloaded and opened in Acrobat Reader rather than filled out in the browser. Not all PDF features will work as intended when opened in a browser.

<b>APPLICANT INFORMATION</b> <i>To be completed by the applicant.</i>			
Legal First Name	Middle Initial	Last Name	SSN last 4 digits only
Applicant Email Address		Applicant Entity Number	Student ID Number <i>If applicable</i>
Name of Employing School District	Location of Employing School District		School Year Requested
Subject(s)/Position Requested and Developmental Level Grades			Anticipated Program Completion Date

<b>EDUCATOR PREPARATION PROGRAM INFORMATION</b> <i>Completed By Certification Officer</i>	
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**I, THE CERTIFICATION OFFICER, CONFIRM** that by no later than August 31 of this school year, the applicant seeking renewal has:

- completed six semester credits or the equivalent in the following licensure program (e.g., K-12 special education) during the term of the last one-year license with stipulations. \_\_\_\_\_
- completed all coursework, but has made attempt(s) to complete the following non-coursework requirement(s) *Provide specific requirements. When applicable, include name of test and date of attempt(s).* \_\_\_\_\_
- made no progress during the term of the last one-year license with stipulations.
- Other:

<b>SIGNATURE</b>		
Name of Certifying Officer <i>Type/Print Clearly</i>	Institution Name	
Email Address	City	State
Signature of Certifying Officer  ➤		Date Signed <i>Mo./Day/Yr.</i>