

VERIFICATION BY INSTITUTION: COMPLETION OF APPROVED EDUCATION PROGRAM

TO THE APPLICANT: 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 *			

* See instructions

TO THE DESIGNATED COLLEGE OFFICIAL: Fill in ONE of the boxes and BOTH sections at the bottom of the page.

The applicant completed requirements for the

<input type="checkbox"/> bachelor's	<input type="checkbox"/> master's
<input type="checkbox"/> six year (educational specialist)	<input type="checkbox"/> doctorate

degree and **finished an approved education program** in the licensure area(s) of (e.g. elementary education, music, secondary mathematics, etc.)

Date program completed _____
month, day, year

The applicant did not earn a degree from this institution but completed an approved education program at the degree level of

<input type="checkbox"/> bachelor's	<input type="checkbox"/> master's
<input type="checkbox"/> six year (educational specialist)	<input type="checkbox"/> doctorate

in the area(s) of (e.g. elementary education, music, secondary mathematics, etc.)

Date program completed _____
month, day, year

The program completed meets the following accreditation, approval, or program requirements (check all that apply):

- National Council for Accreditation of Teacher Education (NCATE)
- National Association of State Directors of Teacher Education and Certification Standards (NASDTEC)
- Education program approval by the state of
_____ North Carolina _____
- Regional accreditation by (name of body)
_____ SACS _____

The applicant completed an education program approved in the area(s) and at the level(s) recommended. The approved program was in effect during the applicant's period of study.

_____ East Carolina University _____
name of institution

_____ Vivian Martin Covington _____
designated official (licensure officer, dean of education)

_____ Director of Teacher Education _____
title

_____ _____
Signature Date

_____ covingtonv@ecu.edu _____
Email address

Form V: Instructions

Follow these instructions for completing Form V:

Applicant:

- Fill in current personal information (please print or type). SSN required. It is your license number. ***You are not required by law to disclose your social security number (SSN). However, your SSN is required by the North Carolina Department of Public Instruction (NCDPI) for purposes of issuing a NC teaching license. The NCDPI will not grant a teaching license without a valid SSN.**

Designated college official:

- complete **one (1)** of the boxes in the center section of this form
- check the regional accreditation, state approval and program requirement boxes at the bottom of this form
- sign form verifying the above
- include email address

Submission:

- Mail the completed Form V, **official transcript**, any other applicable documents, and one processing fee of \$55 to

East Carolina University
Teacher Education
Speight 105
Greenville, NC 27858

You may pay by personal check, money order, or certified check (made payable to the Department of Public Instruction), Visa or MasterCard. If you wish to pay by credit card, fill out the credit card payment Form, <http://www.ncpublicschools.org/docs/licensure/ccform.pdf>.

Please do not fold down the corners of pages or use staples or paper clips to secure the application materials. Doing so will slow down the automated application process and delay your response. Mail the unfolded materials in a 9" x 12" envelope. Thank you.