

# 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. By completing this application, you are allowing the university to submit your transcript to NCS DPI.**

## 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, any other applicable documents (Form A or U, PRAXIS scores, transcript if non-degree) 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.*