

Educator Preparation Program Verification Form PDE 338 A

For Use by Applicants Prepared by Non-PA Colleges/Universities/Educator Preparation Program Providers

Section I – Applicant Information

Last Name: _____ First Name: _____ Middle Initial: _____

PA Professional Personnel ID (PPID) and/or Application ID: _____

Please list all former name(s) beginning with the most recent:

Last	First	Middle Initial

Section II – Educator Certification/Licensure Program Recommendation

- I recommend this student as having successfully completed our state-approved educator certification/licensure program(s), _____, and demonstrated competencies to qualify for a state
Name of Academic Program Completed
certificate/license in _____ for _____ on _____.
Subject Area(s) or Field(s) Grade Level(s) Date Program Completed
- Was the academic program listed above an alternative route to certification/licensure? ☐ Yes ☐ No
- A. Does the college, university, or educator preparation program provider currently have state approval to prepare educators in the subject area(s) and grade level(s) indicated above? ☐ Yes ☐ No
If no, proceed to Question 4.
- B. Does the program completed by this student as indicated above meet the requirements of the current approved program in this subject area(s) and grade level(s)? ☐ Yes ☐ No
- Did this student successfully complete a student teaching, internship, field experience or practicum for all recommended subjects/fields on this form? ☐ Yes ☐ No
- Did this student successfully complete and pass the content area test(s) required to qualify for certification/licensure in your state? ☐ Yes ☐ No

I verify that I am the appropriate, authorized person, as designated by this college, university, or education preparation program provider, to verify a student's educator certification preparation program. _____
initial

I verify that the college, university, or educator preparation program provider had state approval to prepare educators in the subject area and grade levels indicated above at the time the student completed this program. _____
initial

To the best of my knowledge and belief, the candidate is known and regarded by the preparing institution as a person of good moral character and possesses the personal qualities and professional knowledge and skill that warrant issuance of the requested certificate. (If the certifying official possesses information that prevents verification of the good moral character of the candidate, a statement of explanation must be attached to this form). _____
initial

College/University/Program Provider Name	Signature	Date
Address 1	Printed Name and Title	Affix Official Seal Here
Address 2	Phone Extension	
City/State/Zip Code	Email Address	

Educator Preparation Program Verification Form PDE 338 A Instructions

Type or print with dark blue or black ink.

SECTION I – Applicant Information Completed by Applicant

1. Complete Section I only. You must start an application in the Teacher Information Management System (TIMS) to obtain an application ID number and/or PPID number.
2. Contact your college/university/program provider certifying official, who aids and supports current and former students seeking educator certification/licensure, regarding completion of the form.
3. When the completed form is returned to you by the college/university/program provider certifying official, upload it to your TIMS application or mail it with the application cover sheet to the address on the cover sheet.

SECTION II – Educator Certification/Licensure Program Recommendation Completed by Certifying Official

1. If you have questions, contact the Bureau of School Leadership and Teacher Quality at ra-edcertquestions@pa.gov or 717.PA.TEACH (717.728.3224).
2. If you are completing the form electronically, we can accept an electronic image of the college/university/educator program provider seal in lieu of the original.
3. Return the form to the applicant. Please do not send the form directly to the Bureau of School Leadership and Teacher Quality.