

Education Preparation Program Verification Form PDE 338A For Use by Applicants Prepared by Non-PA Colleges/Universities/Educator Preparation Programs				
Section I - Applicant Information – To Be Completed by Applicant				
Last Name First Name Middle Initial TIMS App		TIMS Applicat PPID Number	ion ID Number and/or :	
Other Name(s) Used (i.e., Maiden name)				
Section II - Education Certification Program Recommendation – To Be Completed by Program Provider ONLY				
1. I recommend this student as having successfully completed our state-approved educator certification program(s),				
, and demonstrated competencies to qualify for a state certificate/license				
in		for	on	
Subject Area(s)or Field(s)		for Grade Level(	s) Dat	e Program Completed
2. Was the academic program listed ab	ove an alternative	route to certification?		□ Yes □ No
3. Does/Do the completed program(s) meet <b>today's</b> standards for certification in your state?				□ Yes □ No
4. Did this student successfully complete a student teaching, internship, field experience or practicum for all recommended subjects/fields on this form?				□ Yes □ No
5. Did this student successfully complete and pass the content area test(s) required to qualify for the certification in your state?				□ Yes □ No
I verify that I am the appropriate, authorized person, as designated by this college, university, or education preparation provider, to verify a student's education certification program.				Initial
I verify that the college, university, or education preparation 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 those personal qualities and professional knowledge and skill which warrant issuance of the requested certificate. (If the certification officer possesses information which prevents verification of the good moral character of the candidate, a statement of explanation must be attached to this form).				Initial
Name of College/University Program Provider	Address of College/University		Affix Official Seal Here	
Signature of Certifying Official	Name	e and Title	Date	
Telephone Number	Ext	Ext Email Address		

## Instructions for Education Preparation Program Verification Form PDE 338 A Print with Dark Blue or Black Ink

## Applicant Instructions

- 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's Certifying Official (who aids and supports current and former students seeking educator certifications) regarding completion of the form.
- 3. When the completed form is returned to you by the college/university Certifying Official, upload it to your TIMS application or mail it with the application cover sheet to the address on the cover sheet.

## **Certifying Official Instructions**

- Complete Section II. If you have questions, contact the Bureau of School Leadership and Teacher Quality at <u>RA-EDCertQuestions@pa.gov</u> or (717) 728-3224 or (717) PA-TEACH.
- 2. If you are completing the form electronically, we can accept an electronic image of your corporate 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.