

Educator Preparation Program Verification Form PDE 338 A For Use by Applicants Prepared by Non-PA Colleges/Universities/Educator Preparation Program Providers

Se	ection I – Applicant Information			
Last Name:		First Name:		Middle Initial:
PΑ	A Professional Personnel ID (PPID) and/or A	oplication ID:		
Ρle	ease list all former name(s) beginning with th	e most recent:		
_	ast First		Middle Initial	
Se	ection II – Educator Certification/Li	censure Program Red	commendation	
	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 inSubject Area(s)	for	O	n
2		, ,		
2.	Was the academic program listed above a			☐ Yes ☐ No
3.	 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? If no, proceed to Question 4. 			
	Does the program completed by this si current approved program in this subjet		-	the ☐ Yes ☐ No
4.	Did this student successfully complete a st for all recommended subjects/fields on this	plete a student teaching, internship, field experience or practicum $\ \square$ Yes $\ \square$ No ds on this form?		
5.	Did this student successfully complete and certification/licensure in your state?	essfully complete and pass the content area test(s) required to qualify for $\hfill\Box$ Yes $\hfill\Box$ No in your state?		
	erify that I am the appropriate, authorized pe eparation program provider, to verify a stude			ducationinitial
	erify that the college, university, or educator ucators in the subject area and grade levels			
a p ski tha	the best of my knowledge and belief, the caperson of good moral character and possess ill that warrant issuance of the requested cerat prevents verification of the good moral characters.	es the personal qualities an tificate. (If the certifying offic	id professional knowledg cial possesses information	ge and on
att	ached to this form).			initial
		_		
	College/University/Program Provider Name	Się	gnature	Date
	Address 1	_ Printed	Name and Title	Affix Official
	Address 2	_ <u> </u>	Phone Extensi	
	City/State/Zip Code	_	ail Address	_

Revised: April 2024

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.

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