

INSTITUTIONAL RECOMMENDATION FORM

Educational Sign Language Interpreter Permit

Reminder: YOU MUST INCLUDE AN OFFICIAL TRANSCRIPT THAT REFLECTS THE COMPLETION OF YOUR PROGRAM

Section I – Applicant’s Legal Name (Required)

--	--	--	--

Mailing Address

Street:	City:	State:	Zip:
---------	-------	--------	------

IMPORTANT! THE APPLICANT MAY NOT COMPLETE ANY PORTION OF SECTION II below. Section II is to be completed ONLY by the issuing institution’s official representative. Altering any information provided in Section II constitutes false representation and may be grounds for denial, suspension, or revocation of the applicant’s license.

Section II – College Representative: Please complete the section below, and submit the completed form directly to PTSB by email to wyoptsb@wyo.gov or mail the original form to 2001 Capitol Avenue, Emerson Building, Room #128, Cheyenne, WY 82002.

The above applicant is applying for an Educational Sign Language Interpreter Permit. Please complete the information below to verify the state approved professional education program completed by this applicant at your institution.

1 Degree: _____ Completion Date: _____

Major or certification area: _____

2 Has the applicant met all state requirements to be eligible for licensure in the above listed endorsement area(s) in your state? If you answered NO, **do not sign this form**; return it to the applicant with a detailed explanation. Yes No

3 Is a test required for program completers to receive licensure in your state? Yes No Name of test: _____ Date taken: _____
Required score: _____ Score Received: _____

4 If you know of any reason this applicant should not teach in Wyoming schools, please send a separate statement to: wyoptsb@wyo.gov.

5 If the applicant is not eligible for an Institutional Recommendation OR you are not a representative of an institution of higher education, please **do not sign this form**. Representatives of Alternative Route Certification Programs must attach a detailed letter explaining their organization’s program requirements.

Print Name: _____

Title: _____ Ph: _____

College: _____ State: _____

Regionally accredited by: _____

Signature: _____ Date: _____

Only the signature of a Dean of the College, Certification Officer, or designee can be accepted.

PLACE COLLEGE SEAL HERE
(Application cannot be processed without the seal)