

INSTITUTIONAL RECOMMENDATION FORM

Initial Licensure and Add Endorsement

Reminder: YOU MUST SUBMIT AN OFFICIAL TRANSCRIPT THAT HAS YOUR DEGREE POSTED

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 a Wyoming Standard Educator License or endorsement. Please complete the information below to verify the state-approved professional education program(s) completed by this applicant at your institution.

1	Early Childhood Program Completion Date _____ <input type="checkbox"/> Early Childhood, Birth to Age 8 (or grade 3) <input type="checkbox"/> Preschool, Birth to Age 5 (excluding Kindergarten) <input type="checkbox"/> Early Childhood Special Education, Birth to Age 5	Special Education Program Completion Date _____ Grade Level(s) _____ <input type="checkbox"/> Generalist <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Cognitive Disabilities <input type="checkbox"/> Visual Disabilities <input type="checkbox"/> Physical Disabilities <input type="checkbox"/> Hearing Disabilities <input type="checkbox"/> Emotional Disabilities
	Elementary Program Completion Date _____ <input type="checkbox"/> Elementary K-6 <input type="checkbox"/> Elementary & Middle 5-8 Please note that Wyoming does not offer a K-8 endorsement. Applicants who completed a K-8 program may be eligible for a 5-8 endorsement if <u>ALL</u> the following conditions are met: 1. The program was completed after 2002 2. The applicant completed methods coursework in all four middle-level core content areas 3. The applicant completed student teaching at the middle level 4. The applicant is eligible for single-subject content endorsement(s) in your state If all of the above requirements were met by the program, mark K-6 and 5- 8; otherwise, mark Elementary K-6 only.	K-6/K-12 Program Completion Date _____ Grade Level(s) _____ Endorsement area(s) _____
	Middle/Secondary Program Completion Date _____ <input type="checkbox"/> Middle School 5-8 Endorsement area(s) _____ <i>Content areas must be specified; General Middle School is not offered.</i> <input type="checkbox"/> Secondary 6-12 Endorsement area(s) _____	School Administrator Program Completion Date _____ Grade Level(s) _____ <input type="checkbox"/> District Superintendent <input type="checkbox"/> School Principal <input type="checkbox"/> Program Director/Coordinator/Supervisor
		Related Services Program Completion Date _____ <input type="checkbox"/> School Psychologist <input type="checkbox"/> School Counselor <input type="checkbox"/> School Social Worker

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

3 Is a test required for program completers to receive an Institutional Recommendation? Yes No Name of test: _____ Score required: _____
 Date taken: _____ 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.

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.

5 Printed Name: _____
 Title: _____ Ph: _____
 College: _____ State: _____
 Accredited by: _____
 Signature: _____ Date: _____

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

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