

WARREN COUNTY SCHOOLS		CERTIFICATION/LICENSURE VERIFICATION FORM	
Name:		Social Security #:	
Date Employed:		School:	
University/College:		Degree Area:	
Current Assignment:		Years of Experience:	
<b>Requested Licensure Area:</b>			
Provisional <input type="checkbox"/>	Continuing <input type="checkbox"/>	Lateral Entry <input type="checkbox"/>	Reciprocity <input type="checkbox"/>
Alternative Entry <input type="checkbox"/>	Temporary Permit <input type="checkbox"/>	Emergency Permit <input type="checkbox"/>	
Mentor:		Principal:	
ILT Support Team Member:		ILT Support Team Member:	
<b>Licensure Information:</b>			
Date Licensure Application Packet Mailed to DPI:			
Application <input type="checkbox"/>	Transcript <input type="checkbox"/>	Processing Fee <input type="checkbox"/>	Experience Forms <input type="checkbox"/>
Date Information Received from DPI:			
<b>Steps to Complete:</b>			
Praxis: (Date) _____, _____, _____, _____			
Completion of the Approved Education Program: (Date) _____			
ILT Program:      Yes <input type="checkbox"/> No <input type="checkbox"/>		Coursework:	
<i>The Office of Human Resource Services has discussed this information with me and I am aware of the requirements for my continued employment as well as receiving certified state pay. I have also read Board policies 3100 and 3110 and acknowledge that obtaining certification and licensure is my personal responsibility and obligation. Failure to meet these requirements may mean I will not be able to continue in my assignment or my salary may be at a reduced rate.</i>			
Teacher Signature:		Date:	
HR Signature:		Date:	

**WARREN COUNTY SCHOOLS**

**CERTIFICATION/LICENSURE  
VERIFICATION FORM**

Name:

Social Security #:

Action

Date

HR Signature

**Attach Additional Sheets, if Necessary**

**Processing Status**

Completed Individual Growth Plan:      Yes     No     Date:

Summative Evaluation completed and is on file: Yes     No     Date:

Finance Office Notified:    License Cleared:    Yes     No     Date:

**WARREN COUNTY SCHOOLS**

**CERTIFICATION/LICENSURE  
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Name:

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Action

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HR Signature