



## Verification of Program Completion for Certificate of Eligibility - Educator Preparation Program (CE-EPPs)

This form is submitted on behalf of a candidate who has begun or completed a Certificate of Eligibility Educator Preparation Program (CE-EPP). This form must be uploaded to the application portal or sent directly from the institutional email address of the Authorizing Officer to [urbaned@newark.rutgers.edu](mailto:urbaned@newark.rutgers.edu) and must have the electronic signature of the Authorizing Officer.

**Note:** Applicants who have begun or completed a credit-based or hours-based program must upload an unofficial transcript uploaded to the application portal.

### Candidate Contact Information

Information submitted should match any other required documentation.

Last Name: First Name: Middle Name or Initial:

Street Address:

City: State: Zip Code:

Last Four Digits of Social Security Number: \*\*\*-\*\*-\*\*\*\* Email Address:

Tracking Number (If Known): Date of Birth (mm/dd/yyyy):

Phone Number:

### Completion of the 50 Hours Pre-Professional Experience

This verification of 50 hours must be presented to the hiring school district in order to obtain a provisional certificate.

This is to certify that the above-named applicant has completed the 50 hours of Pre-Professional experience.

Name of CE-EPP: Date of Completion (mm/dd/yyyy):

Electronic Signature of Authorizing Officer:

### Completion of the Entire CE Educator Preparation Program

a. Date of completion of your state-approved CE Educator Preparation Program, including the Performance Assessment:

1. Performance Assessment Score:
2. Number of Hours/Credits Completed:

b. Were there any hours/credits transferred from another program/college? Yes No

1. If yes, number of hours/credits transferred:
2. Name of Program/College:

c. Certification area(s) and/or grade level in which the applicant has completed this CE-EPP:

New Jersey Department of Education  
Office of Educator Certification

Authorizing Information

Name of Preparation Provider:

Address:

City:

State:

Zip Code:

Daytime Telephone Number:

Title of Authorizing Officer:

Electronic Signature of Authorizing Officer: