**Certificate Endorsement Form**

**DEPARTMENT OF COUNSELING**

**INDIANA UNIVERSITY OF PENNSYLVANIA**

# SUBJECT: Educational Specialist I Certificate

# TO: Dean, College of Education

FROM: Coordinator of School Counseling

 Department of Counseling

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| To be completed by applicant: |
| Applicant Name:  |
| First name | Middle initial | Last name |
| Applicant Email Address:  |
| Applicant IUP Banner Identification Number:  |
| Applicant home telephone number: |
| Applicant cell telephone home number: |
| Certification Level: preK-12  |
| Current Certification (if applicable) |  Elementary  |  Secondary  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, an applicant for the Educational Specialist I Certificate, has successfully completed all departmental requirements for this certificate and has the endorsement and recommendation of the Department of Counseling Faculty. These Departmental requirements include:

* Successful passing of the Praxis II
* Masters degree completed and conferred (that fulfills the requirements to attain the competencies required for certification as a Pre-K-12 school counselor).

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Coordinator of School Counseling

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Date of Approval

O\Certification\Certificate Endorsement Form – January 13, 2014, September 24, 2015