(1) Social Security Number									

Statement of Eligibility for Internship

<u>Instructions:</u> After admission to a preparation program, an applicant seeking certification through an approved Educator Preparation Program will use this form to verify eligibility for employment to complete internship requirements for certification.

THIS IS NEITHER A CERTIFICATE NOR A PERMIT. This document verifies that the applicant has been admitted to a preparation program leading to certification through a Texas approved Educator Preparation Program. An employing school district should use item (4) to verify the applicant's employment as an intern in an area(s) of eligibility indicated in item (3) by the approved preparation program. This form must be returned to the certification officer or program administrator of the approved Educator Preparation Program. The preparation program will then recommend the applicant for a probationary certificate, which must be issued to provide the employing school district assignment coverage during the internship year.

(2) Applicant's Name													
Last First						Middle			iddle	lle Maiden Name			
TO BE COMPLETED BY THE APPROVED EDUCATOR PREPARATION PROGRAM													
(3) Verification of Eligibility for Internship: Indicate the grade levels and certification areas for which the individual is seeking certification through a Texas approved Educator Preparation Program.													
Grade(s) Taught				Description of Certification Area(s)									
Lowe Grad		Highest Grade											
Name of Recommending Entity									County-District Number				
													
Typed name and title of Program Administrator or Certification Officer				Date			Tel	elephone / email		Signature			
					MM	DD	YYYY	()					
			O BE CO		ED BY	THE F	EMPLOY	YING	SCHOO	DL DIST	RICT		
		tion of Interi	nship Assigr	ment									
Beginning Date of Duties			Grade(s)		Description of Subject/Assignment								
MM	DD	YYYY	Lowest Grade	Highest Grade									
Campus/Building Assignment				Name of Mentor Teacher			Telephone		e-mail address				
								()					
Name of School District							County-District Number						
Typed Name and Title of Superintendent or Authorized Representative			Date			Telephone / email		email	Signature				
				MM	DD	YYYY	()	()					

NOTE TO APPLICANT: This form must be completed and returned to the Educator Preparation Program before the applicant can be recommended for the probationary certificate. (SBEC-013R2005) cpv 7/11/08