Alternative Pathway to Administrative Specialist and Superintendent License
Verification Form to Advance to the 5-Year Professional License

This is to verify that _____ _____
(Name of Alternative License Holder) (State ID or Social Security number)

has successfully completed the requirements of the Alternative Administrative Specialist or Superintendent Program during school years _____ - _____.

Signature of Alternative Administrator Candidate	Date	(Print Name)
Signature of Assigned Mentor	Date	(Print Name)
Signature of Employing Superintendent	Date	(Print Name)

INDIVIDUALS WHO ENTERED THE ALTERNATIVE PROGRAM WITH A **BACHELOR'S DEGREE**

Please submit **official transcripts** evidencing a master's degree from an accredited institution; **AND** Superintendent's verification.

I verify that the applicant participated in a structured mentoring program consisting of an additional **50 clock hours** during the second two-year alternative license.

Signature of Employing Superintendent	Date	(Print Name)

INDIVIDUALS WHO ENTERED THE ALTERNATIVE PROGRAM WITH A **MASTER'S DEGREE**

Please submit official transcripts evidencing a master's degree; **AND**

Six additional semester hours based on the personal learning plan; **OR**

Superintendent's Verification.

I verify that the applicant participated in a structured mentoring program and completed **90 clock hours** of professional development based on the learning plan during the second two-year alternative license.

Signature of Employing Superintendent	Date	(Print Name)

Note to all applicants: The results of the Praxis II test #0411, Educational Leadership: Administration and Supervision must be submitted to this office electronically, directly from the Educational Testing Service.

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