



Elsie Arntzen, State Superintendent
 Montana Office of Public Instruction

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University Recommendation for Teaching Endorsements

Applicant Information (To Be Completed By The Applicant):					
Last Name:		First Name:			MI:
Address:		City:		State:	Zip Code:
Last Four Digits of SSN:		Birth Date:	Former Name(s):		
Remainder of this form is to be completed & signed by the appropriate official from the college or university where the applicant completed his/her educator preparation program.					
NOTE: Return original form to: OPI – Licensure Division, PO Box 202501, Helena MT 59620-2501 NO PHOTOCOPIES, SCANNED COPIES, or EMAILED IMAGES will be accepted.					
Name of College/University and Location:					
Is your institution regionally accredited? <input type="radio"/> Yes <input type="radio"/> No		Name of regional accreditation agency: (i.e. Western Association of Schools & Colleges)			
Accreditation of Educator Preparation Program (Please circle)		CAEP	NCATE	MACTE	State
		Other: i.e. Alternative Route (Please describe)			
Educator Preparation Program Completed		<input type="radio"/> Early Childhood (Age 3–Grade 3)	<input type="radio"/> Elementary (K-8)	<input type="radio"/> Middle Grades (General Subject) (4-8)	
For Secondary and K-12, mark the area the candidate was prepared to teach. If the educator preparation program was different than 5-12 or K-12 please indicate level of program.					
		Approved Subject Area	Approved Subject Area		Approved Subject Area
Secondary Endorsements 5-12		<input type="radio"/> Agriculture	<input type="radio"/> Biology		<input type="radio"/> Business Education
		<input type="radio"/> Chemistry	<input type="radio"/> Communications		<input type="radio"/> Earth Science
		<input type="radio"/> Economics	<input type="radio"/> English		<input type="radio"/> Family & Consumer Sciences
		<input type="radio"/> Geography	<input type="radio"/> Health		<input type="radio"/> History
		<input type="radio"/> Industrial Trades and Technology Education	<input type="radio"/> Journalism		<input type="radio"/> Mathematics
		<input type="radio"/> Physics	<input type="radio"/> Political Science		<input type="radio"/> Psychology
		<input type="radio"/> Science (Broadfield)	<input type="radio"/> Social Studies (Broadfield)		<input type="radio"/> Sociology
		<input type="radio"/> Theatre			
		Approved Subject Area	Approved Subject Area		Approved Subject Area
K-12 Endorsements		<input type="radio"/> Art	<input type="radio"/> Computer Science		<input type="radio"/> English as a Second Language
		<input type="radio"/> Health & Physical Education	<input type="radio"/> Library		<input type="radio"/> Music
		<input type="radio"/> Physical Education (no Health Preparation)	<input type="radio"/> Reading		<input type="radio"/> Traffic Education
		<input type="radio"/> World Languages (subject area):			
		<input type="radio"/> Special Education: Cross Categorical			
<input type="radio"/> Special Education: Vision Impairment					
<input type="radio"/> Special Education: Hearing Impairment					
Supervised Teaching Experience: All applicants for Montana licensure must complete a student teaching or supervised teaching experience. Enter course Number or Name of course:					
I attest that the above named candidate <i>has completed</i> an accredited teacher education program in those areas to include student teaching or supervised teaching experience. The program completed leads to licensure in the state of: _____.					
Signature: _____					
Printed Name:		Email Address:		Phone Number:	
Title:		Date:		College Seal	