Certificate Endorsement Form
DEPARTMENT OF COUNSELING AND HUMAN DEVELOPMENT
INDIANA UNIVERSITY OF PENNSYLVANIA

SUBJECT: Educational Specialist I Certificate
TO: Dean, College of Education and Human Services
FROM: Coordinator of School Counseling
Department of Counseling and Human Development

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 and Human Development Faculty. These Departmental requirements include:

- ☐ Successful passing of the Praxis II
- ☐ Master's degree completed and conferred (that fulfills the requirements to attain the competencies required for certification as a Pre-K-12 school counselor)
- ☐ Successful completion of the New Act 55 School Safety and Security Course for Pre-Service Educators requirement

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Coordinator of School Counseling

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Date of Approval