

Teacher Standards and Practices Commission



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Salem, OR 97301

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www.oregon.gov/tspc

Program Completion Report (Form C-2)

To applicant: Complete the following section and send this form to the director of teacher education at the college or university where you completed your professional education program.

Name

(Last)	(First)	(Middle)	(Previous)

Mailing Address

(Street or Box No.)	(City)	(Zip Code)

SSN:		Phone No. Home ()	
Date of Birth:		Work ()	

- I AM APPLYING FOR:** FULL-TIME LICENSURE IN OREGON.
 ADDED SUBJECT ENDORSEMENT ADDED AUTHORIZATION LEVEL

To director of teacher education: This applicant has applied for an Oregon license. Please complete sections below in ink.

Teacher Education Program

1) Has the above-named educator completed all requirements for full licensure with no restrictions
 Yes No (If no, please explain)

2) Date of Completion _____

3) Please select the levels and endorsements below that most closely align with your state licensure requirements.

At what level(s) is the candidate prepared to teach? Early Childhood (pre k-grade 4) Elementary (grades 3-8) Middle Level (grades 5-9) High School (grades 9-12 in a High School)

Please check the subject area(s) for which the applicant has completed a teacher education program:

- | | | |
|--|---|--|
| <input type="checkbox"/> Agricultural Science & Technology
<input type="checkbox"/> Art <input type="checkbox"/> EC/EL* <input type="checkbox"/> EL/ML* <input type="checkbox"/> ML/HS*
<input type="checkbox"/> Biology
<input type="checkbox"/> Chemistry
<input type="checkbox"/> Drama
<input type="checkbox"/> Educational Media PP-12 **
<input type="checkbox"/> ESOL <input type="checkbox"/> EC/EL* <input type="checkbox"/> EL/ML* <input type="checkbox"/> ML/HS*
<input type="checkbox"/> ESOL/Bilingual <input type="checkbox"/> EC/EL* <input type="checkbox"/> EL/ML* <input type="checkbox"/> ML/HS*
<input type="checkbox"/> Family & Consumer Sciences
<input type="checkbox"/> French
<input type="checkbox"/> General Business Ed.
<input type="checkbox"/> German
<input type="checkbox"/> Health Education | <input type="checkbox"/> Integrated Science
<input type="checkbox"/> Japanese
<input type="checkbox"/> Language Arts
<input type="checkbox"/> Latin
<input type="checkbox"/> Marketing
<input type="checkbox"/> Math, Advanced
<input type="checkbox"/> Math, Basic
<input type="checkbox"/> Multiple Subject (self-contained at ece/ele)
<input type="checkbox"/> Multiple Subject (middle level)
<input type="checkbox"/> Music <input type="checkbox"/> EC/EL* <input type="checkbox"/> EL/ML* <input type="checkbox"/> ML/HS*
<input type="checkbox"/> Physical Education <input type="checkbox"/> EC/EL* <input type="checkbox"/> EL/ML* <input type="checkbox"/> ML/HS*
<input type="checkbox"/> PE, Adapted <input type="checkbox"/> EC/EL* <input type="checkbox"/> EL/ML* <input type="checkbox"/> ML/HS*
<input type="checkbox"/> Physics | <input type="checkbox"/> Reading <input type="checkbox"/> EC/EL* <input type="checkbox"/> EL/ML* <input type="checkbox"/> ML/HS*
<input type="checkbox"/> Russian
<input type="checkbox"/> Social Studies
<input type="checkbox"/> Spanish
<input type="checkbox"/> Speech
<input type="checkbox"/> Technology Education
<input type="checkbox"/> Special Education <input type="checkbox"/> EC/EL* <input type="checkbox"/> EL/ML* <input type="checkbox"/> ML/HS*
<input type="checkbox"/> Early Intervention /Special Ed. I
<input type="checkbox"/> Early Intervention/Special Ed. II
<input type="checkbox"/> Hearing Impaired PP-12**
<input type="checkbox"/> Communication Disorders PP-12**
<input type="checkbox"/> Visually Impaired PP-12** |
|--|---|--|

* Endorsements are valid for early childhood/elementary and/or elementary/middle level and/or middle level/high school

** Endorsements are valid for preprimary through grade 12

Verification from Director of Teacher Education:

I verify that the applicant has completed the teacher education program successfully and in good standing.

Director of Teacher Education (Signature)	Date ()
College or University	City & State
	Phone Number

THIS FORM MUST BE RETURNED TO THE APPLICANT IN A SEALED INSTITUTIONAL ENVELOPE.

(TSPC.0002 – 05/23/2011)

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Mailing Address
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SSN:
Date of Birth:

Phone No. Home ()
Work ()

I AM APPLYING FOR: FULL-TIME LICENSURE IN OREGON.

Counselor, Psychologist, or Administrator Program

To director of teacher education: This applicant has applied for an Oregon counselor, psychologist, or administrator license. Please complete sections below in ink.

School Counselor Program

- 1) Has the above-named educator completed all requirements for full licensure with no restrictions Yes No
(If no, explain)
- 2) Date of Completion _____
- 3) AT WHAT GRADE LEVELS: _____

School Psychologist Program

- 1) Has the above-named educator completed all requirements for full licensure with no restrictions Yes No
(If no, explain)
- 2) Date of Completion _____
- 3) AT WHAT GRADE LEVELS: _____

Administrator Program

- 1) Has the above-named educator completed all requirements for full licensure with no restrictions Yes No (If no, please explain)
- 2) Date of Completion _____
- 3) AT WHAT GRADE LEVELS: _____

Verification from Director of Teacher Education:

I verify that the applicant has completed the professional education program successfully and in good standing.

Director of Teacher Education (Signature)

Date
()

College or University

City & State

Phone Number

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For Office use: