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| **School Social Worker/School Adjustment Counselor**  **Panel Review Advisory**  **OFFICE OF EDUCATOR LICENSURE**  **April 27, 2021** |

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# INTRODUCTION

This advisory is for individuals who are interested in earning an Initial School Social Worker/School Adjustment Counselor (SSW/SAC) license in Massachusetts through the Panel Review process. The information contained within this advisory will help individuals to make an informed decision (apply or not apply). This advisory will also provide valuable advice to assist applicants through each phase of the application process.

# PRE-APPLICATION PHASE

## What is the Panel Review?

The Panel Review is the process used by the Department for reviewing and recommending candidates for Initial licensure who have substantial experience and formal education relevant to the School Social Worker/School Adjustment Counselor license but have not met the specific license requirements. There are potentially two phases to the Panel Review: The Panel Review Portfolio and the Panel Review Interview.

## Who is eligible for the Panel Review Portfolio?

Generally, individuals who have satisfied all requirements listed in A (see below) and have not satisfied any requirement noted in B (below); are eligible for the Panel Review Portfolio.

* Possession of a bachelor’s degree;
* Passing score on the Communication and Literacy Skill test; and
* Have at least 30 Panel Review Points (PRPs) as indicated/described in the next section.
* Completion of a Massachusetts SSW/SAC Approved Program;
* Completion of an out-of-state educator preparation program accepted by the Commissioner that is comparable to a Massachusetts SSW/SAC Approved Program;
* Possession of a credential comparable to a Massachusetts Initial SSW/SAC license from another state.

## How are PRPs Earned?

Candidates earn Panel Review Points through Relevant Experience and Relevant Graduate Credits. Panel Review Portfolio Eligibility Formula: Years of relevant experience x 6 + relevant graduate credits > 30.

* **Relevant Graduate Credits**: Each applicable semester hour of graduate credit earned through coursework addressing any SSW/SAC Panel Review subject matter knowledge (SMK) requirement is worth one PRP. You will find Panel Review SMK requirements on the following page.
* **Relevant Experience:** Each full year of employment in the field of counseling, social work, and/or psychology is worth six PRPs.

*Applicants are often eligible for the Panel Review Portfolio process through graduate credits earned through a degree in counseling, social work, and/or psychology.*

## Who is eligible for the Panel Review Interview?

Individuals who have at least five years of full-time employment in the field of counseling, social work, and/or psychology (i.e. 5 years of full-time relevant experience) may qualify for a panel review interview. Such individuals must first go through the Panel Review Portfolio process and are encouraged to document as many requirements satisfied (including completely and/or partially), prior to the panel review interview.

## What are the Requirements within the Panel Review?

Beyond a bachelor’s degree and a passing score on the Communication and Literacy Skills test, these requirements consist of:

* \*At least 10 hours of instruction specific to and completely covering each SSW/SAC Panel Review SMK requirement (see below), and
* Completion of a supervised and mentored 900-hour internship specifically in the role of a SSW/SAC, working with children, adolescents, and families successfully demonstrating competency in performing the roles, responsibilities, and subject matter knowledge of a School Social Worker/School Adjustment Counselor.

**SSW/SAC Panel Review Portfolio “Coverage of”/SMK requirements:**

1. Principles of therapeutic relationships.
2. Theories of normal and abnormal intellectual, social, and emotional development.
3. Learning disorders, including emotional issues affecting student achievement, and their treatment.
4. Prevention and treatment of substance abuse, physical and sexual abuse, and violence in PreK-12 students.
5. Knowledge of state-of-the-art diagnostic instruments; procedures for testing and interpreting results.
6. Techniques for communicating and working with families and school and community personnel.
7. Knowledge of the criminal justice system with particular reference to the juvenile justice system and organizations.
8. Knowledge of medical conditions and medication related to physical disabilities and learning disorders.
9. Federal and state laws and regulations addressing the legal rights of students and families.

\*These hours may be gained through completion of any one or combination of the following options: coursework, seminars, workshops, mentored employment, or peer coaching. Please note, a solely self-taught (no instructor involved) professional learning experience cannot be applied toward satisfying this requirement.

APPLICATION

* You should apply for the Initial SSW/SAC license as it is not possible to obtain a Professional license as your first license.

Your application will become ready for review after the Office of Educator Licensure has received your appropriate payment, official transcripts, and verification of a passing score on the Communication and Literacy test. Please note that the fee for your first application is $100.00 and each subsequent application is $25.00.

You can find an applying for licensure step-by-step guide at the following link: <http://www.doe.mass.edu/licensure/forms-guidelines.html>.

You can find information on test registration, test preparation, and other test-related information at: <https://www.doe.mass.edu/mtel/>.

# POST-APPLICATION PHASE

## Document Eligibility & Requirements Met

After you apply; submit/upload documents verifying Panel Review eligibility and compliance with as many Panel Review requirements you have satisfied, as follows.

### Possession of Bachelor’s Degree

Provide an official undergraduate transcript that includes the Registrar's signature, degree conferred and conferral date. The degree must have been completed through a college/university that is accredited by a recognized organization listed at <http://www.doe.mass.edu/licensure/academic-prek12/teacher/recognized-accrediting-organizations.html>.

The following may also be considered:

\*If you attended a college or university outside of the United States, please provide an independent evaluation made by a nationally recognized agency such as those listed at <http://www.doe.mass.edu/licensure/academic-prek12/teacher/foreign-degree-and-credit-equivalency.html> verifying that you have the equivalent of a bachelor's degree earned in the United States through a regionally accredited college/university.

Please note that documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding the uploading and mailing of documents may be found at <http://www.doe.mass.edu/licensure/elar/upload-documents.html>.

### Passing Score on the Communication and Literacy Skills Test

As a reminder, the testing company reports test results electronically to the Office of Educator Licensure. You can find information on test registration, test preparation, and other test-related information at <http://www.doe.mass.edu/mtel/>.

### 30 Panel Review Points

* Relevant Graduate Credit:

Provide official transcripts from colleges/universities accredited by a recognized organization listed at <http://www.doe.mass.edu/licensure/academic-prek12/teacher/recognized-accrediting-organizations.html>; however, if you attended a college or university outside of the United States, please provide an independent evaluation made by a nationally recognized agency such as those listed at <http://www.doe.mass.edu/licensure/academic-prek12/teacher/foreign-degree-and-credit-equivalency.html>. This independent evaluation should verify that applicable coursework you completed is the equivalent of graduate coursework in the United States through a regionally accredited college/university. As supporting documentation, you may include a copy of the official course catalog description.

* Relevant Experience:

If the experience occurred outside of a school setting, please provide a letter written on official letterhead of the organization where the employment occurred signed by a head administrator (generally, a human resource director, president, or executive director). The letter should state the specific role and dates of your employment.

If the experience occurred in a school setting, please provide a letter written on official letterhead of the district or school setting where the employment occurred signed by a superintendent, assistant superintendent, principal, human resources director, executive director, or equivalent head administrator. The letter should state the specific role and dates of your employment. In lieu of the aforementioned letter, applicants may upload a completed School Based Employment Verification/Induction and Mentoring form to document relevant experience. You can find the form at <https://www.doe.mass.edu/licensure/resources/form-verify-sb-employ-induction-mentor.docx>.

If any of your experience was less than full-time then the letter or form should state, the full-time equivalency for each pertinent period.

### Panel Review

At least 10 hours of instruction specific to and completely covering each SSW/SAC Panel Review SMK requirement

* **Coursework**: Please submit an official transcript. As supporting documentation, you may include copies of the official catalog course descriptions; however, a letter(s) that complies with and includes applicable information on page 8 of this advisory is recommended.
* **School-based mentored employment or peer coaching**: Please provide a letter(s) that complies with and includes applicable information on page 10 of this advisory.
* **Seminar or workshop**: Please provide a copy of your certificate of completion. As supporting documentation, you may submit an official seminar/workshop description; however, in lieu of the aforementioned, a letter(s) that complies with and includes applicable information on page 12 of this advisory, is recommended.

### 900-Hour supervised and mentored internship in the role of a SSW/SAC

* One or more field-based experiences through a college/university in a role relevant to SSW/SAC (i.e. in the field of counseling, social work or psychology) may reduce this 900-hour internship (one time) by 150 hours.
* Each year of full-time employment specifically in the role of the SSW/SAC license may reduce this requirement by 100 hours. That is 100 hours for each year of full-time employment specifically in the role of the SSW/SAC license.

|  |  |  |  |
| --- | --- | --- | --- |
| **Example: Reduction of Required Internship Hours** | | | |
| # of Required Hours | Hours Subtracted for Field Based Experience | Hours Subtracted for Three Years of Full-Time Employment as a School Social Worker/School Adjustment Counselor | Remaining # Hours Internship Requirement |
| 900 | - 150 | - 300 | = 450 |

* Remaining hours of the internship requirement may be provided by a PreK-12 grade school setting/college/university, or a Massachusetts approved program provider. You can find information regarding Massachusetts approved program providers at <http://www.doe.mass.edu/teach/edprep.html>.

A supervised and \*mentored internship in the role of this license is documented through a letter(s) that complies with and includes applicable information on page 13 (provided by school/district) or 14 (provided by college/university) of this advisory. To assist with documenting both, SMK requirements and the internship satisfied through/provided by one (the same) college/university, please use the template found on page 9. To document both SMK requirements through mentored employment/peer coaching and the internship satisfied through/provided by one (the same) school/district, please use the template found page 11.

*\*Mentor must hold an Initial or Professional School Social Worker/School Adjustment Counselor license and have any combination of at least three years of employment under this Initial and/or Professional license.*

**Closing**

Thank you for taking the time to learn about obtaining the SSW/SAC license in

Massachusetts. Thank you, also, for being an educator or aspiring to become one. Your efforts are commendable and greatly appreciated. We hope the preceding information and the templates that follow are helpful.

If you have any questions or concerns, please do not hesitate to call the Licensure Call Center at 781-338-6600, Monday-Friday. Or, stop by and visit us at our Walk-in Service Counter at 75 Pleasant Street, in Malden, Massachusetts.

# Preface to Sample Verification Letter Templates

The following section of this advisory contains templates to document compliance with Panel Review requirements for the Initial SSW/SAC license. These templates are for authorized officials who can verify that an individual has satisfied Panel Review Portfolio requirements for the Massachusetts Initial SSW/SAC license sought. Authorized officials may be in a position to provide such verification, but it is not a requirement or expectation of the Office of Educator Licensure. Please also note the Department may contact signees for clarification.

- Required Letter Components –

* Must be printed on official letterhead of the professional learning experience provider;
* Must include the licensure candidate’s Name and MEPID;
* Must be signed by an authorized official.

Documents may be uploaded into an applicant’s ELAR account or mailed to the Office of Educator Licensure. Information regarding the uploading and mailing of documents may be found at <http://www.doe.mass.edu/licensure/elar/upload-documents.html>.

# College/University Coursework SMK Verification Letter Template Appendix A

| [Insert the student’s name and MEPID] received at least ten (10) hours of instruction specific to and completely covering each of the panel review requirements listed in this letter through the successful completion of the following coursework. | | | | |
| --- | --- | --- | --- | --- |
| Insert Course Number(s) and Title(s): | |  | | |
|  | | | | |
| *[The following are all the applicable “coverage of”/Subject Matter Knowledge requirements, the college/university should delete any that have not been satisfied through the identified coursework.]*   * Principles of therapeutic relationships. * Theories of normal and abnormal intellectual, social, and emotional development. * Learning disorders, including emotional issues affecting student achievement, and their treatment. * Prevention and treatment of substance abuse, physical and sexual abuse, and violence in PreK-12 students. * Knowledge of state-of-the-art diagnostic instruments; procedures for testing and interpreting results. * Techniques for communicating and working with families and school and community personnel. * Knowledge of the criminal justice system with particular reference to the juvenile justice system and organizations. * Knowledge of medical conditions and medication related to physical disabilities and learning disorders. * Federal and state laws and regulations addressing the legal rights of students and families. | | | | |
| The student has satisfied the requirements listed above.  **I attest that the statements above are true and accurate:** | | | | |
| Print Name: |  | | Signature: |  |
| Title: |  | | | |
| *(course instructor, licensure officer, appropriate department chair, registrar, or dean*, provost, chancellor, vice-president, or president*)* | | | | |
| **Must Be on Official College/University Letterhead** | | | | |
| **Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be at <http://www.doe.mass.edu/licensure/elar/>. | | | | |

# College/University Coursework SMK & Internship Verification Letter Template Appendix B

| [Insert the student’s name and MEPID] received at least ten (10) hours of instruction specific to and completely covering each of the panel review requirements listed in this letter through the successful completion of the following coursework. | | | | | |
| --- | --- | --- | --- | --- | --- |
| Insert Number(s) and Title(s) of Course(s) and Internship: | | | |  | |
|  | | | | | |
| *[The following are all the applicable “coverage of”/Subject Matter Knowledge requirements, the college/university should delete any that have not been satisfied through the identified coursework.]*   * Principles of therapeutic relationships. * Theories of normal and abnormal intellectual, social, and emotional development. * Learning disorders, including emotional issues affecting student achievement, and their treatment. * Prevention and treatment of substance abuse, physical and sexual abuse, and violence in PreK-12 students. * Knowledge of state-of-the-art diagnostic instruments; procedures for testing and interpreting results. * Techniques for communicating and working with families and school and community personnel. * Knowledge of the criminal justice system with particular reference to the juvenile justice system and organizations. * Knowledge of medical conditions and medication related to physical disabilities and learning disorders. * Federal and state laws and regulations addressing the legal rights of students and families. | | | | | |
| [Insert the student’s name and MEPID] successfully completed a (# of hours) internship in the role of the School Social Worker/School Adjustment Counselor license working with children, adolescents, and families demonstrating competency in the subject matter knowledge of the SSW/SAC license noted in the Subject Matter Guidelines found <http://www.doe.mass.edu/edprep/domains/instruction/smk-guidelines.docx>. | | | | | |
| Mentor’s Name and MEPID/License #: | | [Insert Mentor’s Name and MEPID/License #] | | | |
| Beginning and Ending Dates of Internship: | | | [Insert Beginning Date - D/M/Y] - [Insert Ending Date - D/M/Y] | | |
|  | | | | | |
| The student has satisfied/completed the requirements as listed/noted above.  **I attest that the statements above are true and accurate:** | | | | | |
| Print Name: |  | | | Signature: |  |
| Title: |  | | | | |
| *(licensure officer, appropriate department chair, registrar, dean, provost, chancellor, vice-president, or president)* | | | | | |
| **Must Be on Official College/University Letterhead** | | | | | |
| **Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>. | | | | | |

# Mentored Employment/Peer Coaching SMK Verification Letter Template Appendix C

| [Insert the licensure applicant’s name and MEPID] received at least ten (10) hours of instruction through mentored employment and/or peer coaching specific to and completely covering each of the panel review requirements listed in this letter. The mentor noted below delivered this mentored employment and/or peer coaching. | | | | | |
| --- | --- | --- | --- | --- | --- |
| Insert Mentor’s Name and MEPID/License #: | | |  | | |
| Insert Name of school/district: | |  | | | |
| *[The following are all the applicable “coverage of”/Subject Matter Knowledge requirements, the superintendent/equivalent should delete any that has not been satisfied through mentored employment and/or peer coaching.]*   * Principles of therapeutic relationships. * Theories of normal and abnormal intellectual, social, and emotional development. * Learning disorders, including emotional issues affecting student achievement, and their treatment. * Prevention and treatment of substance abuse, physical and sexual abuse, and violence in PreK-12 students. * Knowledge of state-of-the-art diagnostic instruments; procedures for testing and interpreting results. * Techniques for communicating and working with families and school and community personnel. * Knowledge of the criminal justice system with particular reference to the juvenile justice system and organizations. * Knowledge of medical conditions and medication related to physical disabilities and learning disorders. * Federal and state laws and regulations addressing the legal rights of students and families. | | | | | |
| The licensure applicant has satisfied the requirements listed above.  **I attest that the statements above are true and accurate:** | | | | | |
| Print Name: |  | | | Signature: |  |
| Title: |  | | | | |
| *(Superintendent or equivalent)* | | | | | |
| **Must Be on Official School Letterhead** | | | | | |
| **Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>. | | | | | |

# Mentored Employment/Peer Coaching SMK & Internship Verification Letter Template Appendix D

| [Insert the licensure applicant’s name and MEPID] received at least ten (10) hours of instruction through mentored employment and/or peer coaching specific to and completely covering each of the panel review requirements listed in this letter. The mentor noted below delivered this mentored employment and/or peer coaching. | | | | | |
| --- | --- | --- | --- | --- | --- |
| Insert Mentor’s Name and MEPID/License #: | | |  | | |
| Insert Name of school/district: | |  | | | |
| *[The following are all the applicable “coverage of”/Subject Matter Knowledge requirements, the superintendent/equivalent should delete any that has not been satisfied through mentored employment and/or peer coaching.]*   * Principles of therapeutic relationships. * Theories of normal and abnormal intellectual, social, and emotional development. * Learning disorders, including emotional issues affecting student achievement, and their treatment. * Prevention and treatment of substance abuse, physical and sexual abuse, and violence in PreK-12 students. * Knowledge of state-of-the-art diagnostic instruments; procedures for testing and interpreting results. * Techniques for communicating and working with families and school and community personnel. * Knowledge of the criminal justice system with particular reference to the juvenile justice system and organizations. * Knowledge of medical conditions and medication related to physical disabilities and learning disorders. * Federal and state laws and regulations addressing the legal rights of students and families. | | | | | |
| [Insert the licensure applicant’s name and MEPID] successfully completed a (# of hours) internship in the role of the School Social Worker/School Adjustment Counselor license working with children, adolescents, and families demonstrating competency in the subject matter knowledge of the SSW/SAC license noted in the Subject Matter Guidelines found <http://www.doe.mass.edu/edprep/domains/instruction/smk-guidelines.docx>. | | | | | |
| Insert Mentor’s Name and MEPID/License #: | | | [Insert Mentor’s Name and MEPID/License #] | | |
| Beginning and Ending Dates of Internship: | | | [Insert Beginning Date - D/M/Y] - [Insert Ending Date - D/M/Y] | | |
|  | | | | | |
| The licensure applicant has satisfied/completed the requirements as listed/noted above.  **I attest that the statements above are true and accurate:** | | | | | |
| Print Name: |  | | | Signature: |  |
| Title: |  | | | | |
| *(Superintendent or equivalent)* | | | | | |
| **Must Be on Official School Letterhead** | | | | | |
| **Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>. | | | | | |

# Seminar or Workshop SMK Verification Letter Template Appendix E

| [Insert the licensure applicants name and MEPID] received at least ten (10) hours of instruction specific to and completely covering each of the panel review requirements listed in this letter through the successful completion of the following seminar(s)/workshop(s). | | | | |
| --- | --- | --- | --- | --- |
| Insert Seminar(s)/Workshop(s) Title(s): | |  | | |
| *[The following are all the applicable “coverage of”/Subject Matter Knowledge requirements; the signee noted below should delete any that have not been satisfied through the identified seminars/workshops.]*   * Principles of therapeutic relationships. * Theories of normal and abnormal intellectual, social, and emotional development. * Learning disorders, including emotional issues affecting student achievement, and their treatment. * Prevention and treatment of substance abuse, physical and sexual abuse, and violence in PreK-12 students. * Knowledge of state-of-the-art diagnostic instruments; procedures for testing and interpreting results. * Techniques for communicating and working with families and school and community personnel. * Knowledge of the criminal justice system with particular reference to the juvenile justice system and organizations. * Knowledge of medical conditions and medication related to physical disabilities and learning disorders. * Federal and state laws and regulations addressing the legal rights of students and families. | | | | |
| The licensure applicant has satisfied the requirements listed above.  **I attest that the statements above are true and accurate:** | | | | |
| Print Name: |  | | Signature: |  |
| Title: |  | | | |
| *(title and signature of appropriate representative)* | | | | |
| **Must Be on Official Letterhead of The Provider** | | | | |
| **Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>. | | | | |

# Internship Provided by a School/District Verification Letter Template Appendix F

| [Insert the licensure applicant’s name and MEPID] successfully completed a (# of hours) internship in the role of the School Social Worker/School Adjustment Counselor license working with children, adolescents, and families demonstrating competency in the subject matter knowledge of the SSW/SAC license noted in the Subject Matter Guidelines found <http://www.doe.mass.edu/edprep/domains/instruction/smk-guidelines.docx>. | | | | |
| --- | --- | --- | --- | --- |
| Mentor’s Name and MEPID/License #: | | [Insert Mentor’s Name and MEPID/License #] | | |
| Beginning and Ending Dates of Internship: | | [Insert Beginning Date - D/M/Y] - [Insert Ending Date - D/M/Y] | | |
|  | | | | |
| The licensure applicant has completed the internship as noted above.  **I attest that the statements above are true and accurate:** | | | | |
| Print Name: |  | | Signature: |  |
| Title: |  | | | |
| *(Superintendent or equivalent)* | | | | |
| **Must Be on Official School Letterhead** | | | | |
| **Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>. | | | | |

# Internship Provided by a College/University Verification Letter Template Appendix G

| [Insert the student’s name and MEPID] successfully completed a (# of hours) internship in the role of the School Social Worker/School Adjustment Counselor license working with children, adolescents, and families demonstrating competency in the subject matter knowledge of the SSW/SAC license noted in the Subject Matter Guidelines found <http://www.doe.mass.edu/edprep/domains/instruction/smk-guidelines.docx>. | | | | |
| --- | --- | --- | --- | --- |
| Mentor’s Name and MEPID/License #: | | [Insert Mentor’s Name and MEPID/License #] | | |
| Beginning and Ending Dates of Internship: | | [Insert Beginning Date - D/M/Y] - [Insert Ending Date - D/M/Y] | | |
|  | | | | |
| The student has completed the internship as noted above.  **I attest that the statements above are true and accurate:** | | | | |
| Print Name: |  | | Signature: |  |
| Title: |  | | | |
| *(licensure officer, appropriate department chair, registrar, dean, provost, chancellor, vice-president, or president)* | | | | |
| **Must Be on Official College/University Letterhead** | | | | |
| **Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>. | | | | |