**Verification of Enrollment in an Approved Program Sample Letter Template**

This template is intended solely for an authorized staff member as indicated below to verify a candidate’s current enrollment in an approved educator preparation licensure program.

Required Letter Components:

* Must be printed on official college/university/program letterhead;
* Must include candidate’s name and MEPID (the candidate will have a MEPID number if they have created an account in ELAR and they can provide that to you); and
* Must be signed by the licensure officer, appropriate department chair, program director, assistant dean, dean, registrar, provost, vice-president, president, chancellor, or program director

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| Candidate’s Name: |
| Candidate’s MA Educator License or MEPID Number: |
| Enrollment Date: |
| Anticipated Completion Date: |
| **Attestation Statement:**The candidate noted above is currently enrolled in the educator preparation program noted below. |
| **Please check all that apply:*** Massachusetts Approved Program
* NCATE/TEAC/CAEP-Accredited Program
* Out of State Traditional State/Jurisdiction-Approved Educator Preparation Program
* Out of State Alternative/Non-traditional State/Jurisdiction-Approved Educator Preparation Program

**Please indicate the field and grade level of the educator preparation program the student is enrolled:*** Field:
* Grade Level:

**Please check the one that applies:*** The student has completed coursework within the approved educator preparation program
* The student has not completed coursework within the approved educator preparation program
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| **Attestation Statement:*****I attest that the statement above is true and the information above is accurate****:* |
| Printed Name: |  | Signature: |  |
| Title:  |  | Date: |  |
| Phone: |  | Email: |  |
| *(licensure officer, appropriate department chair, program director, assistant dean, dean, registrar, provost, vice-president, president, or chancellor)* |
| **Must be on Official College/University Letterhead** |