

Fast-Track Recommendation Form

Name: _____ Social Security #: _____ Date: _____

In order to recommend a candidate for a five-year professional certificate, the candidate must meet the criteria for one of the sections below. The candidate will need to complete a certification renewal application, which must be signed by the support system chair; submit the appropriate renewal fee, and hold a valid CHRC. In addition, the support system chairperson must verify the following information. Please complete the information in one section below and submit this form with the application.

_____ In-State _____ Out-of-State

Provisional to Professional

Yes No

___ ___ * The support system has completed the orientation, one observation, and the TAP.

___ ___ * The candidate has had two or more years of experience under an equivalent teaching or educational specialist certificate.

Department Use Only: _____ Approved _____ Not Approved

Conditional, Transitional, or Targeted Need to Professional

Yes No

___ ___ * The support system has completed the orientation, one observation, and the TAP.

___ ___ * The candidate has had two or more years of experience under an equivalent teaching or educational specialist certificate.

___ ___ * Submitted passing Praxis scores and required coursework (if applicable).

Department Use Only: _____ Approved _____ Not Approved
