

Attestation of the State for Anticipated Employment - Confirmation for Professional Licensure

Waldorf University
106 S. 6th Street, Forest City, IA 50436
Dr. Patti Strukel, Department Chair & Licensure Officer
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Teacher Candidate's Name: _____

Teacher Candidate's ID #: _____

Teacher Candidate's Phone #: _____

Circle One: (Home Cell)

Teacher Candidate's Home Address/Permanent Mailing Address:

Street Address

City, State, Zip Code

My plan is to seek employment in my home state or territory of _____ following the completion of the requirements of the Waldorf University Educator Preparation Program and the degree requirements of my education major in: _____.

My plan is to not seek employment in my home state but to seek employment in the state or territory of _____ following the completion of the requirements of the Waldorf University Educator Preparation Program and the degree requirements of my education major in: _____.

I affirm that the above information is true and correct.

Teacher Candidate's Signature

Date of Signature

For Department Use

The Waldorf University Educator Preparation Program meets provisional licensure in the state or territory of _____.

The Waldorf University Educator Preparation Program does not meet provisional licensure in the state or territory of _____.

Waldorf EPP Representative Name Printed

Signature

Date

*You will be notified within 14 days if the requirements for provisional licensure in the state or territory where you plan to seek employment are **not met** by the Waldorf University Educator Preparation Program.