



# Multiple Measures VERIFICATION FORM

Applicant Name: Click or tap here to enter text.  
Applicant DOB: Click or tap to enter a date.  
Applicant Last 4 Digits of SSN:  
Standard Certificate Applying for: Choose an item.

## SECTION A

Praxis Number/Name: Highest Praxis Score:  
Date Highest Praxis Score Earned:

Type of Program Completed (check one column to fill out):

<input type="checkbox"/> <b>Traditional EPP</b>	<input type="checkbox"/> <b>ARTC</b>	<input type="checkbox"/> <b>Other</b>
Institution Name:	Undergraduate or Graduate Institution Name (whichever is relevant):	Undergraduate Institution Name:
Major:	Undergraduate or Graduate Major (whichever is relevant):	Undergraduate Major:
Overall GPA:	Emergency Certification Area:	Emergency Certification Area (if applicable):
<i>If the overall GPA is over 3.5, stop here and proceed to signature. If the GPA is between 3.0 and 3.49 please proceed to section C.</i>	<i>Please fill out 24 credits related to the certification area in Section B</i>	<i>Please fill out 24 credits related to the certification area in Section B</i> <i>*Note* You must also have completed student teaching or an alternative to be eligible for licensure</i>

For "ARTC" and "Other" program completers only:

## SECTION B

Institution	Course #	Course name	Grade	Grade Points Earned	Date Completed

Total GPA in the courses listed above: (if GPA is above 3.49, do not fill in Section C)

All official transcripts and score reports must be submitted to the Delaware Department of Education prior to the review of this application. DDOE may ask for further clarification of any course if its relation to the content is unclear. Applicants should check their DEEDS educator dashboard to verify receipt of documents.



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If GPA is between 3.0 and 3.49, please check at least one column below to fill out:

SECTION C

<input type="checkbox"/> <b>Have you passed a Performance Assessment?</b>	<input type="checkbox"/> <b>Have you successfully completed a micro-credential?*</b>	<input type="checkbox"/> <b>Have you successfully completed a year-long residency?*</b>
Name: Choose an item.	Name: Choose an item.	Placement:
Content Name (if edTPA):	Date Issued:	Grade:
Score:		EPP Program:

*\*Must upload proof of micro-credential issuance or year-long residency separately  
Check DEEDS for receipt of PPAT or edTPA scores*

**Additional Comments:**

*I attest that I have reviewed the above information and it is accurate. Further I attest that I have reviewed the performance assessment or micro-credential submissions as noted above and that all submissions were completed in the Praxis area noted at the top of this form.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Authorizing Officer: \_\_\_\_\_ Institution: \_\_\_\_\_

Signature of Authorizing Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Authorizing Officer Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_