

Commonwealth of Kentucky
EDUCATION PROFESSIONAL STANDARDS BOARD
 Division of Certification, 100 Airport Road, 3rd Floor, Frankfort, Kentucky 40601
 Telephone (502) 564-4606 (888) 598-7667 www.epsb.ky.gov

COLLEGE OR UNIVERSITY COURSEWORK ANALYSIS FOR ADDING KENTUCKY CERTIFICATION, ENDORSEMENT, OR EXTENSION (HIGHLY QUALIFIED PROVISION)

Read instructions before completing application. Incomplete application will delay processing.
 Send complete materials and required fee to any participating institution below.

SECTION VIII. College or University evaluating coursework – select one of the participating institutions below

Eastern Kentucky University Office of Teacher Admission & Certification 521 Lancaster Avenue, Combs 423 Richmond, KY 40475	Morehead State University Teacher Certification Office 801 Ginger Hall Morehead, KY 40351	Murray State University Teacher Education Services 2101 Alexander Hall Murray, KY 42071-3340
Northern Kentucky University BEP 230 Nunn Drive Highland Heights, KY 41099	Western Kentucky University Office of Teacher Certification 1906 College Heights Blvd., #61031 Bowling Green, KY 42101-1031	

SECTION IX. Record of Personal Information to be completed BY APPLICANT (type or print)

A. PERSONAL INFORMATION

SSN: _____ **Date of Birth:** _____
Last Name: _____ **Suffix:** _____
First Name: _____ **Middle:** _____
Maiden Name: _____ **Gender:** Male Female
Mailing Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Telephone Number (_____) _____ Home Mobile
Primary E-mail address: _____
Secondary E-mail address: _____
Current Certification Area(s): _____

\$96 FEE REQUIRED

Fee must accompany this portion of the application when submitted to the College or University.

Payment Options:

Money Order Cashier's Check

Make cashier's check or money order payable to the College or University selected above

NO PERSONAL CHECKS OR CASH ACCEPTED

SECTION X. Record of Preparation

List all courses to be considered for analysis. Indicate the type of documentation attached. You may request evaluation of up to two (2) content areas via this form.

Requested Certification Content Area 1: _____ Grade level: _____

Course Number and Title	Hours	University Attended	Transcript	Please check if attached			Hours Approved (Office Use Only)
				Catalog Description	Course Syllabus		
TOTAL (Completed by staff)							

Applicant Notes: (attach additional sheet if necessary)

NAME: _____ SOCIAL SECURITY NUMBER: _____

COLLEGE OR UNIVERSITY COURSEWORK ANALYSIS P.2

Requested Certification Content Area 2: _____ Grade level: _____

Please check if attached

Course Number and Title	Hours	University Attended	Transcript	Catalog Description	Course Syllabus	Hours Approved (Office Use Only)
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL (Completed by staff)						<input type="checkbox"/>

Applicant Notes: (attach additional sheet if necessary)

SECTION XI. Affirmation

The information submitted is accurate to the best of my knowledge. Supplying inaccurate or false information would constitute a violation of the Code of Ethics and could result in action against my certificate. Further, I understand that submitting materials and paying the fee is for analysis of transcripts and does not guarantee acceptability of submitted courses.

Applicant's Signature: _____ **Date:** _____

SECTION XII. TO BE COMPLETED BY EPSB-CONTRACTED UNIVERSITY OFFICIAL.

Staff Comments and Rationale:

Certification Area 1: _____ Hours: _____ Certification Area 2: _____ Hours: _____

I verify that the official transcripts were reviewed and verify core content classes and credit hours in the area(s) in which certification are being sought. The College or University, operating as an agent for EPSB has conducted a transcript analysis for the candidate and does not verify or endorse a candidate's skills, knowledge or dispositions for teaching.

College or University: _____ **Signature & Title** _____

Telephone Number: (____) _____

CC: EPSB Originals
Candidate-Copy of pages 7&8 of CA-HQ
File Copy of pages 7&8 of CA-HQ

University Seal