COLLEGE/UNIVERSITY VERIFICATION FORM PDE 338 C
Completion of Approved Education Program
For Use by Applicants Prepared by PA Colleges/Universities
See Instructions on back of this form

APPLICANTS: Please note the following information in regard to your Social Security Account Number (SSAN)
DATA REQUIRED BY THE FEDERAL PRIVACY ACT (5 U.S.C. Section 552a note)
AUTHORITY: 24 P.S. Section 1224.
PRINCIPAL PURPOSE(S): To be used for registration and maintenance of records of all certificated persons as having met qualifications for teaching.
ROUTINE USES: Used by the Pennsylvania Department of Education for the (1) evaluation, registration, and maintenance of certification records, (2) identification and collection of criminal/disciplinary records for certified educators and candidates for certification, and (3) provision of certification data to authorized personnel and agencies.
DISCLOSURE: Mandatory. Withholding requested SSAN will result in denial of a candidate's application for certification.

PART A: APPLICANT

Last Name	First Name	MI	Social Security Number

PART B: PREPARING COLLEGE/UNIVERSITY RECOMMENDATION

The endorsing signature of designated certification officer confirms that the candidate is known and regarded by the preparing institution as a person of good moral character and possesses those personal qualities and professional knowledge and skill which warrant issuance of the requested certificate.

_____ (initial) I certify that the applicant has achieved at least a satisfactory rating on the PDE 430, Pa. Statewide Evaluation Form for Student Professional Knowledge and Practice.

Initial **ONLY ONE** of the following statements:

_____ (initial) I certify that the applicant has been formally admitted to and is pursuing an **APPROVED INTERN PROGRAM** to qualify for a certificate in the Subject Area(s) or Field(s) listed below:

_____ (initial) I certify that the applicant has completed an **APPROVED PROGRAM** (Certification Regulation 49.68) and has successfully demonstrated role competencies to qualify for a certificate in the Subject Area(s) or Field(s) listed below:

Subject Area or Field	Type Code		Area Code			

Signature of Certifying Officer

Name _____ Title _____ Date _____

Name of College/University _____

College Code Number

INSTRUCTIONS FOR COLLEGE/UNIVERSITY VERIFICATION
FORM PDE 338 C

APPLICANT

1. Complete PART A **by printing in capital letters with dark blue or black ink** your Last Name, First Name, Middle Initial, and entering your Social Security Number.

2. Send this form to your college/university certification office.

COLLEGE/UNIVERSITY CERTIFICATION OFFICER

Complete PART B **with dark blue or black ink**.

1. Initial the first statement provided the candidate has achieved at least a satisfactory rating on the final PDE 430.

2. Initial either the second or third statement, as appropriate.

3. Print the certification Subject Area(s) or Field(s) and Code numbers you are recommending. Select Subject Areas and Area Codes from the list on page 10.

   NOTE: If a college/university is recommending **more than one area** of certification:

   (a) When the student completes Form PDE 338 G, item 9, he/she should enter **only one** Subject Area and Area Code. Any area being sought may be selected.

   (b) On this form, the college/university must list **ALL** the Subject Areas and Codes for which the student is being recommended.

4. Sign the application and provide your Title, Date and Name of College/University.

5. Enter the College Code Number. Do **NOT** use a number stamp, **UNLESS** the numbers fit properly inside each box.

6. Apply the PRAXIS/NTE test score label (with the passing scores) in the space provided below.

7. Send Form PDE 338 C, Form PDE 338 G and the fee to the Pennsylvania Department of Education.

PLACE PRAXIS/NTE TEST SCORE LABEL HERE