

INITIAL APPLICATION CHECKLIST

ENDORSEMENT(S): _____

Name: _____ Date Received: _____ ED ID: _____

- NINS
- AHS Request
- Subscription Request

Completed Application

- Check Disclosure: _____
- Check Good Standings
- Official Transcripts
 - Vermont approved program w/recommendation: _____
 - Other approved program w/recommendation: _____
 - Out of State License/endorsement: _____

Testing

- Not applicable (out of state license)
- Praxis Core
- SAT, ACT, GRE
- Praxis II

Criminal Background Check

- \$12 fee paid
- Fingerprint receipt uploaded
- VCIC report

Additional credentials needed

- Physical Education / Health
 - Valid First Aid
 - Valid AED/CPR Certification

Other: _____

LOE Date: _____

Under Review – Information Needed: _____