

**RESIDENCY LICENSE VERIFICATION / CERTIFICATION OF SUPERVISION (FORM RL)
 NCDPI Employing Entity and Educator Preparation Program (EPP)
 CANDIDATE SECTION: Fill in the information above the line. Please type or print.**

Last Name	First Name	Middle Name	Maiden Name
Street Address		City	State
Social Security Number – Last 4 digits		Signature	

DESIGNATED Employing Entity Official: Check the box to verify employment within a school in the represented employing entity and fill out the corresponding information below for the employing entity.

The candidate is hired as a teacher in the designated employing entity as part of the Residency License requirements.

TO THE DESIGNATED EPP Official: Check the box(es) to verify enrollment in an EPP and the 24 hours relevant coursework OR the passing of the SBE-approved content exams of the Residency License requirements and fill out the corresponding information below for the EPP. *This is the Certification of Supervision for the EPP.*

The candidate is enrolled in the _____ license area of the approved educator preparation program as part of the Residency License requirements.

AND

- The candidate meets the 24 hours relevant course work as part of the Residency License requirements (Year 1 only). **(OR)**
 The candidate has passed all NCSBE required examination(s) for licensure in the requested area (Year 1 only).

Name of EPP

Designated Official (Dean of Education, Licensure Officer)

Title

Signature

Date

Name of Employing Entity

Designated Official (Licensure Officer, HR Personnel)

Title

Signature

Date

Email Address

Email Address

Public Schools of North Carolina
 Department of Public Instruction
 Licensure Section5 Mail Service Center
 Raleigh, NC 27699-6365

For Use by Employing Entity Official Only:

Form RL – Year 1 2 3

(Circle appropriate year)