Panther Number: Georgia PSC Approved Program Completion Form – Revised July 2019 To be completed by institutions outside of Georgia ONLY 200 Piedmont Avenue SE, Suite 1702, Atlanta, GA 30334-9032 See Reverse for Instructions - Please Use Dark Ink or Type

I. Applicant Information: Fitle Last Name		
First Name	Middle Name	
Social Security Number or GaPSC Certification ID	Date of Birth (MM/DD/YY)	
2. Certification Official Section:		
Program Completion (please check one):		
□ I certify that the applicant listed above has complete	ted all current requirements for the approved preparation proc	
	pproved in the field(s) and at the level which the applicant comp mpleted all current requirements for the approved preparatio	
as an educator.	inpleted an current requirements for the approved preparatio	n program for certification
Degree Information (please check one):		
The certification program the applicant completed le		
The program the applicant completed was for certifi	ication only and no degree was awarded.	
Student Teaching Internship Information:	ing state: Date of completion:	
If student teaching was completed in Georgia, provide		
the name and certification ID of the supervising teache (not required if candidate is already certified in GA)	r:	
		Field Code
CERTIFICATION / ENDORSEMENT FIELD(S)		(See Reverse)
Program Information: Program Start Date: / / /	Program End Date: / / /	State:
MM/DD/YY	MM/DD/YY	
Accreditation/Approval Status (check all that apply):		
□ Regional □ State □ GaPSC □ N		REP
Other:		
Basja Tibbs		
Name of Certification Officer (print/type)	Signature	
Certification Officer		
	Date	
404-413-8000	btibbs1@gsu.edu	
Phone Number	Email Address	Affix School Seal Here
Georgia State University		
Name of Institution		
PO Box 3977		
Mailing Address		
Atlanta. Ga 30302-3977		