Out-of-State Institution Autism Course Verification Form

Applicant's Name:	
County:	SSN#:
County Certification Officer:	Email:
Institutional of H	ligher Education Information
School Name:	
School Certification Officer:	E-Mail:
Course Title:	Number of Hours:
Course Title:	Number of Hours:
Course Title:	Number of Hours:
	Total number of hours:
The courses must meet the following requirement	ts as per WVBE Policy 5202:
19.3. Alternative Option for Additional Endorsem	ent in Special Education.
Teaching Certificate endorsed in Emotional/Behav Mental Impairment (Mild/Moderate), Severe Disa to these endorsements as previously defined in the	n Autism An individual who holds a Professional vior Disorders, Multi-Categorical Special Education, abilities or Pre-School Special Needs or the equivalent his policy may receive an additional endorsement in essfully complete six semester hours of coursework in defined in §126-136-4.5.
19.3.a.1. Field Experience three of the six semester hours of coursework mu applicant must provide written verification of a m serving students with Autism.	·
I certify these hours have been completed in acco endorsement in Autism.	rdance with WVBE Policy 5202 for an additional

Date

College/University Certification Officer