**Fast-Track Recommendation Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_

In order to recommend a candidate for a five-year professional certificate, the candidate must meet the criteria for one of the sections below. The candidate will need to complete a certification renewal application, which must be signed by the support system chair; submit the appropriate renewal fee, and hold a valid CHRC. In addition, the support system chairperson must verify the following information. Please complete the information in one section below and submit this form with the application.

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 In-State Out-of-State

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**Provisional to Professional**

Yes No

\_\_\_ \_\_\_ \* The support system has completed the orientation, one observation, and the TAP.

\_\_\_ \_\_\_ \* The candidate has had two or more years of experience under an equivalent

 teaching or educational specialist certificate.

 Department Use Only: Approved Not Approved

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**Conditional, Transitional, or Targeted Need to Professional**

Yes No

\_\_\_ \_\_\_ \* The support system has completed the orientation, one observation, and the TAP.

\_\_\_ \_\_\_ \* The candidate has had two or more years of experience under an equivalent

 teaching or educational specialist certificate.

\_\_\_ \_\_\_ \* Submitted passing Praxis scores and required coursework (if applicable).

 Department Use Only: Approved Not Approved

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