



# RECORD OF LICENSE CODING - RULES 2002

State Form 49484 (R5 / 7-09)

\* This agency is requesting disclosure of your Social Security Number in accordance with 42 USC 666(a)13. Disclosure is mandatory and this record cannot be processed without it.

## RECORD OF LICENSE CODING

Name	Social Security number *
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Action

<input type="checkbox"/> Original	<input type="checkbox"/> Duplicate	<input type="checkbox"/> Conversion (Accomplished / Ten Year)	<input type="checkbox"/> Extension
<input type="checkbox"/> Addition	<input type="checkbox"/> Renewal	<input type="checkbox"/> Transition to Teaching (Original)	

BASIS	DEGREE	TEST VERIFICATION			
<input type="checkbox"/> Rules 2002	<input type="checkbox"/> 1 None <input type="checkbox"/> 2 Associate <input type="checkbox"/> 3 Bachelor <input type="checkbox"/> 4 Master <input type="checkbox"/> 5 Specialist <input type="checkbox"/> 6 Doctorate	Praxis 1	Cut-off	Score	
<b>VOID LICENSE</b>		Reading	176		
		Writing	172		
		Math	175		
			Praxis 2	Code	Score
			Reading Specialty	370	
COLLEGE	INTERNSHIP PROGRAM				
	<input type="checkbox"/> IR / AR - Required <input type="checkbox"/> IC / AC - Completed <input type="checkbox"/> IN / AN - Not required				
		School Leaders	158		
		Licensure Assessment	165 (as of January 2005)		

Graduation	Preparation Level
<input type="checkbox"/> 10 Initial Practitioner <input type="checkbox"/> 11 Proficient Practitioner <input type="checkbox"/> 12 Accomplished Practitioner	<input type="checkbox"/> 20 Instructional <input type="checkbox"/> 21 School Services <input type="checkbox"/> 22 Administration <input type="checkbox"/> 23 Workplace Specialist
<input type="checkbox"/> 13 Workplace Specialist <input type="checkbox"/> 14 Reciprocal Permit	

Content Areas	School Setting
	<input type="checkbox"/> EC Preschool / Early Childhood <input type="checkbox"/> ELP Elementary Primary <input type="checkbox"/> ELI Elementary Intermediate
	<input type="checkbox"/> MS/JR Middle School / Junior High <input type="checkbox"/> HS High School <input type="checkbox"/> ALS All School
	<input type="checkbox"/> EC Preschool / Early Childhood <input type="checkbox"/> ELP Elementary Primary <input type="checkbox"/> ELI Elementary Intermediate
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	<input type="checkbox"/> MS/JR Middle School / Junior High <input type="checkbox"/> HS High School <input type="checkbox"/> ALS All School

Comments

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I certify that I have seen a valid certificate from an approved provider verifying that the applicant has completed training in adult / child cardiopulmonary resuscitation that includes a test demonstration on a mannequin and removing a foreign body causing an obstruction in an airway through the Heimlich maneuver.

Signature of Licensing Advisor	Date signed (month, day, year)
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Name of Institution