Professional Teaching Standards Board 1920 Thomes Avenue, Suite 400 Cheyenne, WY 82002 http://ptsb.state.wy.us



Telephone: 307-777-7291 Toll Free: 800-675-6893

Fax: 307-777-8718

INSTITUTIONAL RECOMMENDATION

III. RECORD OF EDUCATION

Completion of this page is required of all new applicants. INCLUDE AN OFFICIAL TRANSCRIPT WITH DEGREE POSTED

	DEGREE POSTED		
To the App	plicant: Please complete	this section and send to the	Dean of your College/University to complete
SS#:	Name: Jerald John	Janes	Address: P.O. Box 1407, Dubois, WY 82513
To the Dea	an: Please complete this	section and return to the ap	plicant.
Graduation		State: The Dakota	College Name:
	ertification area:	lish Composi & Sperch, d	rama/theater
\$100 m		Level of Preparation: Cher	ck one
☐ Early C	Childhood	☐ Elementary K-6	Secondary 7-12
☐ K-12		☐ Elementary & Middle	e K-8 ☐ Middle 5-8
☐ Other(e	explain)		
Is this pers	on eligible to hold certificat	ion or license in your state? Y	es 🖸 No 🗆
form to the	applicant and attach an ex	planation statement.	ease do not sign this page. Please return this ing schools, please send a separate statement
to WPTSB.	, 1920 Thomes Ave., Suite	400, Cheyenne WY 82002.	,
The college	e education program comp	eted by this applicant is accre-	
		No Name of State:	
Name of te	est required. Praxi	st to receive an Institutional Re	e required varies with cach test
Can you ve	erity score? Yes W No L	IF SO -Score received: See	ht/o Date test taken: See below
Print Name	· Koxie Th	ielen ion Special	ist
	Lotie Th	Tale: Date:	1-7-8
Only signal	ture of Certification Officer,	Dean of the College or design	
PLACE C	OLLEGE SEAL HERE	0041-	-English - 8/5/6 - 18Z
(Application	n will not be processed w	ithout the seal)	Speech - 11/18/4 720
		1524-	methods - 3/3/7 154
06/07	This is being Department :	of Education	by the South Da Kota leta ne because Jerald completed cation program: