

RECOMMENDATION FORM

Prelingually Deaf Candidates Only

This form is to be completed by a Commission-approved program sponsor when recommending an educator that is qualifying for a credential based on completing the requirements for prelingually deaf individuals. Submit this form to the Commission with [application form 41-4](#), [appropriate fees](#), and supporting documentation. This type of recommendation cannot be submitted via the CTC Online system.

Name of Applicant: _____
First
Middle
Last

Recommending Institution: _____ SSN: _____

Credential Type:

Multiple Subject Single Subject _____ Services _____
(subject)
(credential type)

Education Specialist (specialty area) _____

Added Authorizations in Special Education (AASE):

Autism Spectrum Disorder Emotional Disturbance Deaf-Blind
 Orthopedic Impairment Other Health Impairment Traumatic Brain Injury

Exemption:	Supporting materials:	Term of Credential (as applicable):
<input type="checkbox"/> CBEST	<input type="checkbox"/> Assessment <input type="checkbox"/> Audiology letter	<input type="checkbox"/> Level II <input type="checkbox"/> Clear <input type="checkbox"/> Preliminary

Program Completion Date: _____

Subject matter competency met by: Exam Subject-matter program

Employing Agency: _____ CDS Code: _____

As the authorized representative of the recommending authority, I have reviewed the applicant's credential application, preparation, and/or experience and certify that the applicant has completed the requirements for the credential and/or added authorization shown above.

Signature: _____ Date: _____

Name and Title: _____

Contact Phone Number: _____ Email Address: _____

