



# Verification of Out-of-State Exams

Arizona Department of Education - Certification Unit

## GENERAL INFORMATION

This form is used to verify that an educator has passed a professional knowledge, subject knowledge, and/or administrator exam adopted by an educator licensure office.

## PART I: TO BE COMPLETED BY THE APPLICANT

Please complete the information below and forward this form to the appropriate state educator licensure agency.

Last Name:	First:	Middle:
Former Names:	Arizona Educator ID Number or last 4 digits of SSN:	
Address		

## PART II: TO BE COMPLETED BY THE STATE EDUCATOR LICENSURE OFFICE

This section must be completed and submitted an official from the state agency responsible for educator licensure.

**Note:** A verification letter that provides exam information may be submitted in lieu of this form.

**Note:** Please do not return this form to the applicant. The form or verification letter must be scanned and emailed by the licensure agency to [Certification@azed.gov](mailto:Certification@azed.gov) or mailed to the address on the next page.

State Agency Information			
Educator Licensure Agency Name		State	
Name of Official Completing this Form	Title:	Email	
Tests Passed by Above-Named Applicant			
Testing Program (e.g. Praxis, NES)	Test Number	Test Name	Date Passed

Signature of Authorized Official

Date



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**Please do not return this form to the applicant.** The completed, signed form or verification letter must be submitted directly to the ADE Certification Unit by the educator licensure agency.

**This form may be scanned and emailed to:**

[Certification@azed.gov](mailto:Certification@azed.gov)

**Or mailed to:**

Arizona Department of Education – Certification Unit  
PO Box 6490  
Phoenix, AZ 85005-6490