



# Endorsement Analysis Teacher Intern Program

State of Iowa  
**Board of Educational Examiners  
 Licensure**  
 Grimes State Office Building  
 400 E. 14<sup>th</sup> St.  
 Des Moines, Iowa 50319-0147

**I. TO BE COMPLETED BY APPLICANT** (type or print)

11/09

**Instructions:**

1. Enclose a \$60 non-refundable transcript evaluation fee for each endorsement area checked below (made payable to the Board of Educational Examiners) and send to the address above.
2. Download and include completed checklists for each endorsement desired. Checklists are located at: <http://www.boee.iowa.gov/addition.html>
3. Include official transcripts. Please allow four weeks for processing. **ALL FEES ARE NONREFUNDABLE.**

Folder # (To Be Assigned)	Social Security #	Date of Birth Month    Day    Year	<input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name	First Name	Middle Name	Maiden Name
Address	City	State	Zip Code
Home Phone (    )	Work Phone (    )	Email Address	

**Statement of Fraud:** An application will be considered fraudulent, and may be denied, if it contains any false representation or omission of material fact, or if false records are submitted in support of the application.

**Transcripts:** I am including official transcripts or have requested transcripts to be sent to the BOEE from the following institutions:

**Institution's Name(s)** \_\_\_\_\_

My transcripts have not been previously evaluated by a State of Iowa approved teacher intern program. I request that you evaluate my transcripts for the following endorsement area(s). **Note:** The fee is \$60 for each area checked.

- |  |  |
|--|--|
| <input type="checkbox"/> Math endorsements             | <input type="checkbox"/> Music endorsements          |
| <input type="checkbox"/> Social Studies endorsements   | <input type="checkbox"/> PE                          |
| <input type="checkbox"/> Language Arts endorsements    | <input type="checkbox"/> Health                      |
| <input type="checkbox"/> Science endorsements          | <input type="checkbox"/> Agriculture                 |
| <input type="checkbox"/> Foreign Language endorsements | <input type="checkbox"/> Family and Consumer Science |
| <input type="checkbox"/> Business endorsements         | <input type="checkbox"/> Other _____                 |

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**SECTION II: To be completed by the Recommending Official of the Teacher Intern Program.**

I verify that the above individual has expressed interest in applying to the Teacher Intern Program at this institution. Please evaluate transcripts for the requested endorsement (s).

\_\_\_\_\_  
Recommending Official – Intern Program

\_\_\_\_\_  
Institution Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Institution Mailing Address

\_\_\_\_\_  
Institution Phone Number