



Rosemont College

PDE Certification Request: PK-12 School Counseling

This form may only be submitted when you have completed your Rosemont Certification Program AND all college and PDE requirements for certification. This includes PRAXIS requirements.

Please complete this form and submit to Sara Elliott, Academic Coordinator, in order to request School Counseling Certification. Once approved by the Director, your request will be submitted to the College Certification Officer for TIMS action.

Name _____ Student ID# _____

Phone _____ Graduate Cumulative GPA _____

Email _____ Graduation Date of Bachelor's Degree _____

Graduation Date of Graduate Degree _____ Date of Certification Program Completion _____

Please initial here to confirm the following statements are true:

____ I have successfully completed all program and PDE requirements for the MA in Counseling – School Counseling PK-12 degree program.

____ I have taken and passed the Praxis Professional School Counselor Examination on the following date: _____.

____ I completed my field experience during the _____ semester(s) of _____ (year) as indicated below.

Semester/Year	School District	School	Grade Level

_____ I completed all of my academic requirements as required by Rosemont and PDE. Verification is immediately evident on my academic transcript(s).

I attest that all the entries on this form are true, complete and accurate.

Applicant Signature _____ Date _____

I verify that all the information is correct and current and that the applicant has satisfactorily completed ALL requirements for certification in the area(s) specified above.

Program Director's Signature _____ Date _____

Certification verification has been completed on the PDE website for the above candidate.

Certification Officer's Signature _____ Date _____

Copies: Program Director

Applicant

Registrar

Certification File