

Pre-service Licensure Information Form

This form is required for Mississippi State University to provide recommendation for licensure using the Mississippi Department of Education online ELMS system.

Please submit a completed copy of this form to the OCFBI office by mail, fax, email, or in person to Allen 318.

NOTE: If you choose to email, do NOT include your SSN on this form. Please call the office to give instead.

Office of Clinical/Field-Based Instruction and Licensure
 Attn: Laura Kate Tribble, Licensure Specialist
 Box 9710
 Mississippi State, MS 39762

ltribble@colled.msstate.edu
 Phone: (662) 325-2206
 Fax: (662) 325-0615
 Allen Hall 318 – Mailstop 9710

First Name & MI:

Last Name:

Social Security Number*:

Net ID & 9-Digit

Date of Birth:

Graduation (MM/YYYY)

Email:

Phone Number:

Primary Content/Licensure Area:

(ex: Elementary, Secondary, Special Education, etc)

**SSN is required for adding recommendations using the MDE online ELMS system. If you do not provide this data we will be unable to complete your licensure request. For your safety, do NOT email your SSN.*

MSU Campus:

- Starkville Meridian Online

Other Endorsements or Concentration Areas:

(Please check any that apply)

- | | |
|---|--|
| <input type="checkbox"/> AEST | <input type="checkbox"/> Math |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Music – Instrumental |
| <input type="checkbox"/> Art | <input type="checkbox"/> Music – Vocal |
| <input type="checkbox"/> Biology | <input type="checkbox"/> Nursery - Grade 1 (Early Childhood) |
| <input type="checkbox"/> Business Education | <input type="checkbox"/> Physical Ed |
| <input type="checkbox"/> Chemistry | <input type="checkbox"/> Physics |
| <input type="checkbox"/> Child Development | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Computer Apps | <input type="checkbox"/> Social Studies |
| <input type="checkbox"/> Driver’s Education | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> English | <input type="checkbox"/> SPED Emotionally Disturbed |
| <input type="checkbox"/> French | <input type="checkbox"/> SPED Mild/Moderate |
| <input type="checkbox"/> Gen. Science | <input type="checkbox"/> SPED Severe/Profound |
| <input type="checkbox"/> Health Ed | <input type="checkbox"/> TESOL |
| <input type="checkbox"/> Other _____ | |

For OCFBI Office Use Only:

- ACT
 CORE
 Praxis PLT
 Praxis Content
 Foundations of Reading

Educator ID: _____

