

**Office of Field Experiences and Licensure  
Graduate College of Education  
University of Massachusetts Boston**

**Final Endorsement Packet: CANDIDATES FOR GUIDANCE COUSELING, SCHOOL  
PSYCHOLOGY AND SCHOOL ADJUSTMENT LICENSES**

The final endorsement packet is due to your Program Supervisor at the end of your two-semester internship  
**December Graduates:** by the last day of classes of the Fall Semester (**December 13, 2006**)  
**June Graduates:** by the last day of classes of the Spring Semester (**May 16, 2007**)

From your DOE ELAR profile a copy of:

- \_\_\_ The "Inquiry – Activity Summary" and
- \_\_\_ "Payment History"

\_\_\_ Massachusetts Department of Education Pre-Service Practicum Assessment Coversheet For Professional Support Personnel (**DOE PPA coversheet**) – 3-ply original filled in completely with appropriate signatures and initials from all parties – must be paper copy provided by office – please ask Program Supervisor if they have copies.

\_\_\_ **Supervising Practitioner** completed electronic Supervising Practitioner Data Verification Form by Friday, September 29, 2006 (at [www.gce.umb.edu](http://www.gce.umb.edu) > Forms > for Supervising Practitioners)  
Supervising Practitioners Initials \_\_\_\_\_ Date completed Data Form: \_\_\_\_\_

\_\_\_ **Supervising Practitioner** submitted copy of Education License by September 29, 2006.  
Supervising Practitioners Initials \_\_\_\_\_ Date submitted/mailed copy of license: \_\_\_\_\_

\_\_\_ You completed **Candidate** Data Verification form by Friday, September 29, 2006 (at [www.gce.umb.edu](http://www.gce.umb.edu) > Forms > for Candidates)  
Your Initials: \_\_\_\_\_ Date Completed Data Form: \_\_\_\_\_

\_\_\_ Out of State form acknowledging your receipt of and adherence to Massachusetts Frameworks Curriculum in the context of your Internship outside of Massachusetts  
Your State: \_\_\_\_\_

\_\_\_ This completed and signed Endorsement Packet Inventory Page

Internship Semester(s):                      FALL                      SPRING                      Year \_\_\_\_\_

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Candidate: Name (Print): \_\_\_\_\_

Program Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Supervisor Name (Print): \_\_\_\_\_

Supervising Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervising Practitioner Name (Print): \_\_\_\_\_

Placement Site: \_\_\_\_\_

Placement Level: \_\_\_\_\_

License Seeking/Program: \_\_\_\_\_