

CANDIDATE FOR PROFESSIONAL LICENSURE (CPL) DATA FORM

Name: _____
Last Name First Name Middle Name Maiden (if applicable)

NOTE: this is how it will appear on your license – do not list Maiden name twice

Social Security #: _____ - _____ - _____ ** **Student ID #** _____

** I am voluntarily providing my social security number with the understanding that it will be used only as a personal identifier for teacher licensure and reporting purposes as required by the North Carolina Department of Public Instruction.

Signature _____ **Date** _____

Birth Date: (2-digit Month/Day/Year): _____/_____/_____ **Gender:** (Circle One) **M** – Male **F** – Female

Race/Ethnic Origin: (Circle Only One) **W** – White **I** – American Indian/Alaskan **B** – Black
H – Hispanic **A** – Asian/Pacific Islander **O** – Other

Degree or Licensure Program in Process (or Completed): (Please Circle Only ONE)
Degree Bachelor Master Six-Year Doctorate
Non-Degree Licensure Only NC TEACH/LATERAL ENTRY MAT

Expected Completion Date (Month/Year): _____/_____

PRAXIS II Tests Taken _____ **Date** _____/_____/_____

Note: if applicable, . List tests taken by number or description

Address where certificate is to be mailed:

Street

City

State

Zip

Phone Number: (_____) _____ - _____

Email address: _____
(Use permanent email address)

Licensure Area For Which You are Applying:

Area Code

Area Description

2nd Area Code

2nd Area Description

See License Codes on Reverse