

## Appendix D

Precondition #3(c): Provide evidence to ensure that credential recommendations are provided solely by persons who are current employees of the Commission approved institution:

ADD AUTHORIZED SUBMITTER(S)								
Approved Agency/Institution Name:								
Authorized Designee	Authorized Submitter First Name	Authorized Submitter Last Name	Authorized Submitter Email Address	Authorized Submitter Phone Number	Authorized Submitter Date of Birth	Credential(s)	Credential Area(s)	Specific Area Assignment(s)
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