



Centers for the Re-Education and Advancement of Teachers in Special Education and Related Services Personnel

APPLICATION

*** Fax to 1.252.565.0082, or scan and email as attachment to director@screate.org ***

BIOGRAPHICAL INFORMATION

Name _____

First Middle Initial Last

Address _____

City _____ Zip _____ Email: _____

Home Phone () _____ Work Phone () _____

Gender (circle): Female Male Birth Date _____ Age: _____

Ethnicity (circle): African-American American Indian Asian-American Caucasian Hispanic

Are you a U.S. Citizen? (Circle): Yes No Do you reside in South Carolina? (circle): Yes No

CURRENT EMPLOYMENT (write 'N/A' in blanks that are not applicable)

School District/Other _____ Principal/Supervisor _____

Position (circle): SpEd Teacher GenEd Teacher Teacher Asst. Other _____

Type of SpEd Program (circle): Self-contained Resource Inclusion Other: _____

Primary Type of Student Disability Served (circle): ED LD MD Other: _____

Is a teacher assistant assigned to your classroom? Yes No If yes, full- or part-time? _____

PROFESSIONAL PREPARATION

Highest degree (circle): Doctorate Master's Bachelor's Associate's None (___ credit hours)

Major of Bachelor's degree: _____ Minor: _____

Year Bachelor's degree conferred: _____ Is your bachelor's degree in an education area? Yes No

Do you hold a Master's degree? Yes No If yes, what type? M.A. M.S. M.Ed. M.A.T.

Is your Master's degree in education? Yes No Major: _____

WORK EXPERIENCE (only work experience beginning at age 22; indicate 0 as needed; do not use N/A)

Years of full-time (FT) work in the current SC public/charter school/State agency (include this year): _____

Years of FT work in other SC public/charter schools: _____ Years of FT work in SC private schools: _____

Years of FT work in schools outside SC: _____ Years of FT work in non-education or business settings: _____

Years as a stay-at-home parent: _____ Years you were unemployed or working part-time in any setting: _____

SC LICENSURE/CERTIFICATION YOU HOLD (check here ___ if None, or check here ___ if expired)

Certificate No. _____ Area(s): _____ Year first issued: _____ Next renewal year: _____

CERTIFICATION YOU ARE SEEKING (circle one): Deaf/Hard of Hearing Early Childhood SpEd

Emotional Disabilities Intellectual Disabilities Learning Disabilities Multi-Categorical SpEd

Speech-Language Pathology Visual Impairments

I agree to the Policies & Conditions (see About tab at website), and I authorize CREATE personnel to the use my grades and application information for evaluation and research purposes. I understand that I will never be named personally or identified publicly in any report.

Signature

Date