



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@sccreate.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 NA in blanks that are not applicable)

School District/Other Principal/Supervisor

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

Age range of students you teach (circle all that apply): Birth-6 yrs 7-10 yrs 11-13 yrs 14-18+ yrs

Grade levels you teach (circle all that apply): PreK K 1 2 3 4 5 6 7 8 9 10 11 12

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 NA)

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): Early Childhood SpEd Emotional Disabilities

Hearing Impairments Intellectual Disabilities Learning Disabilities Multi-Categorical SpEd

Severe Disabilities 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