



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 (\_\_\_\_hours credit)

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 CERTIFICATION YOU HOLD (check here \_\_\_\_ if 'None')

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

CERTIFICATION YOU ARE SEEKING (circle one): BCBA Early Child. SpEd ED

HI LD MD Multi-cat. SpEd Severe Disab. SLP VI

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