

(Print this section, complete the information requested and return it to:

509 S. Hudson Street, Orlando, FL 32835

Phone 407-522-0124 Fax 407-298-3703

This form may be reproduced in quantities sufficient to accommodate your requirement.

TELL US ABOUT YOURSELF

The following information is for identification purposes only. You are not required to complete any information that you feel violates your privacy.

APPLICANTS FULL NAME: _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

AREA CODE & PHONE NUMBER _____

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

DRIVERS LICENSE NUMBER & STATE _____

SEX _____ US CITIZEN _____ OTHER _____

TELL US ABOUT YOUR TEACHING EXPERIENCE

Feel free to use additional paper as necessary

EMPLOYED BY SCHOOL NUMBER 1 FROM/TO _____

SCHOOL NAME _____

SCHOOL ADDRESS _____

CITY/STATE/ZIP _____

SUPERVISOR _____

A/C+PHONE _____

SUBJECT(S) TAUGHT _____

GRADE LEVEL(S) TAUGHT _____

EMPLOYED BY SCHOOL NUMBER 2 FROM/TO _____

SCHOOL NAME _____

SCHOOL ADDRESS _____

CITY/STATE/ZIP _____

SUPERVISOR _____

A/C+PHONE _____

SUBJECT(S) TAUGHT _____

GRADE LEVEL(S) TAUGHT _____

EMPLOYED BY SCHOOL NUMBER 3 FROM/TO _____

SCHOOL NAME _____

SCHOOL ADDRESS _____

CITY/STATE/ZIP _____

SUPERVISOR _____

A/C+PHONE _____

SUBJECT(S) TAUGHT _____

GRADE LEVEL(S) TAUGHT _____

TELL US ABOUT YOUR ACADEMIC/TRAINING EXPERIENCE

ATTENDED SCHOOL NUMBER 1 FROM/TO _____

SCHOOL NAME _____

SCHOOL ADDRESS _____

CITY/STATE/ZIP _____

A/C+TELEPHONE _____

MAJOR/MINOR _____

DEGREE/CERTIFICATE/DIPLOMA _____

ATTACH COPY(S) OF DOCUMENTS _____

ATTENDED SCHOOL NUMBER 2 FROM/TO _____

SCHOOL NAME _____

SCHOOL ADDRESS _____

CITY/STATE/ZIP _____

A/C+TELEPHONE _____

MAJOR/MINOR _____

DEGREE/CERTIFICATE/DIPLOMA _____

ATTACH COPY(S) OF DOCUMENTS _____

TELL US ABOUT YOUR CHARACTER

HAVE YOUR EVER BEEN DENIED A TEACHING CERTIFICATE? _____

HAVE YOU EVER HAD A TEACHING CERTIFICATE SUSPENDED OR REVOKED? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

PERSONAL REFERENCES

1. NAME/PHONE/RELATIONSHIP _____
2. NAME/PHONE/RELATIONSHIP _____
3. NAME/PHONE/RELATIONSHIP _____

SCHOOL EMPLOYER NOMINATION/SPONSORSHIP
(To be completed by supervisor/employer/professional associate)

This is to certify that: I, as a professional in the education industry, have known/supervised/employed the applicant for a sufficient period of time to verify that she/he is of sound moral character and would without reservation nominate her/him to be considered for private school professional teacher certification.

School Name _____

Sponsor Name & Title _____

Address _____

City/State/Zip _____

A/C + Phone _____

Professional Relationship to Applicant _____

Signature & Date _____

SUBJECT AREA(S) IN WHICH APPLICANT SEEKS TO BECOME CERTIFIED
(Choose up to three from the listing below)

NAME _____
(exactly as you wish it to appear on the Certificate)

SUBJECT #1 _____ GRADE LEVEL: _____
(\$50.00 application fee must be included. Total \$50)

SUBJECT #2 _____ GRADE LEVEL: _____
(enclose additional \$25 fee. Total \$75)

SUBJECT #3 _____ GRADE LEVEL: _____

(enclose additional \$25 fee. Total \$100)

LISTING OF SUBJECTS

(make your selection from the following)

** Denotes a requirement for completion of the NPSAG **Professional Administrators Program**

1. Adult Education
2. Art
3. Athletic Coaching
4. Biology
5. Business Education
6. Chemistry
7. Christianity
8. Computer Science
9. Co-operative Education
10. Custodial
11. Dance
12. Day Care Worker
13. Dean**
14. Disabilities
15. Drama
16. Driver Education
17. Earth Space Science
18. Economics
19. Educational Leadership
20. Elementary Education
21. Emotionally Handicapped
22. English
23. Geography
24. German
25. Gifted
26. Greek
27. Grounds Keeping
28. Guidance Counseling
29. Headmaster**
30. Health
31. Hearing Impaired
32. Hebrew
33. History
34. Home Economics
35. Humanities
36. Infant & Toddler development
37. Italian
38. Japanese
39. Journalism
40. Latin
41. Marketing
42. Mathematics
43. Media Specialist
44. Mentally Handicapped
45. Middle Grades Education
46. Occupational Specialist
47. Physical Education
48. Physically Impaired
49. Political Science
50. Prekindergarten
51. Primary Education
52. Principal**
53. Professional School Administrator**
54. Psychology

- 55. Reading
- 56. Religious Training
- 57. Russian
- 58. School Food Service
- 59. School Nurse
- 60. School Psychologist
- 61. School Social Worker
- 62. Social Science
- 63. Sociology
- 64. Spanish
- 65. Specific Learning
- 66. Speech
- 67. Speech/ Language Impaired
- 68. Technology Education
- 69. Varying Exceptionalities
- 70. Visually Impaired
- 71. List Other Subject Area(s) as they may apply.

Provide the requested information and return the completed Application set, along with the specifications for your Certificate & Letter.

In short order, you will receive your documentation including the Personalized Professional Private School Teaching Certificate, Personalized Letter of Confirmation, National Confirmation as to your Professional Status and Credentials plus the Code of Ethics Document.

Enjoy the many benefits of Professional Private School Teacher Certification.

It's just that simple!