

Private Schools Professional Administrator Application

(Please complete all sections and submit the required documents.)

Submit completed application and all supporting documents to:

 NPSAG.accreditation@gmail.com

This form may be reproduced as needed.

TELL US ABOUT YOURSELF

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

Applicant's Full Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

Date of Birth: _____

Social Security Number: _____

Driver's License Number & State: _____

Sex: _____ U.S. Citizen: _____ Other: _____

TELL US ABOUT YOUR ADMINISTRATIVE EXPERIENCE

(Use additional paper if necessary)

School #1

Employed From/To: _____

School Name: _____

School Address: _____

City/State/Zip: _____

Supervisor: _____

Phone: _____

Job Description: _____

School #2

Employed From/To: _____

School Name: _____

School Address: _____

City/State/Zip: _____

Supervisor: _____

Phone: _____

Job Description: _____

School #3

Employed From/To: _____

School Name: _____

School Address: _____

City/State/Zip: _____

Supervisor: _____

Phone: _____

Job Description: _____

TELL US ABOUT YOUR ACADEMIC / TRAINING EXPERIENCE

School #1

Attended From/To: _____

School Name: _____

School Address: _____

City/State/Zip: _____

Phone: _____

Major/Minor: _____

Degree/Certificate/Diploma: _____

Attach Copy(s) of Documents: _____

School #2

Attended From/To: _____

School Name: _____

School Address: _____

City/State/Zip: _____

Phone: _____

Major/Minor: _____

Degree/Certificate/Diploma: _____

Attach Copy(s) of Documents: _____

TELL US ABOUT YOUR CHARACTER

Have you ever been denied a professional certificate? _____

Have you ever had a professional 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: _____

DOCUMENT INFORMATION

(Used to prepare your official certification documents)

Name (as it should appear on certificate): _____

Function Title (as it should appear on certificate): _____

CERTIFICATION & SIGNATURE

I certify that all information provided in this application is true and correct to the best of my knowledge. I understand that submission of false information may result in denial or revocation of certification.

Signature: _____

Date: _____

FEES & SUBMISSION

Administrator Certification Fee: \$300 per year

- ✓ Attach all required supporting documents
- ✓ Submit completed application via email

✉ NPSAG.accreditation@gmail.com