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SOUTHERN UNION APPLICATION FOR CERTIFICATION



TEACHER: Please complete this form and mail to address listed at the bottom of the form.

PROCEDURE: This application, accompanied by an official transcript of all college and graduate work taken and evidence of your work experience must be submitted to the Southern Union Conference Office of Education. Your certificate will be issued by the Union Conference Office of Education in harmony with the requirements set forth in the current NAD certification policies. I hereby make application for the following certificate(s): _____C. Professional _____E. Designated Subjects/Services A. Basic ____F. Conditional B. Standard ____D. Administrator Endorsement(s) desired: _____ First Middle Maiden Last Address: Phone Number: _____ NAD Teacher ID #_____ check if new address Birthdate: _____ Email: ____ Check only if renewing or reinstating certification, then sign and date at the bottom of form. EDUCATION HISTORY: (If additional history, add on page 2) COMPLETION **COLLEGE / UNIVERSITY MAJOR** DEGREE MINOR YEAR **CERTIFICATION INFORMATION:** Number of years of teaching experience: Denominational:____ Public:____ What denominational teaching certificate do you now hold? By Whom? Date Issued:_____ Name of last Union/Conference you taught for? We will request your file and transcripts be sent to us from former Union. Please request official transcript from classes not sent to former registrar. If now teaching, at what school?______Conference:_____ This application indicates that I am an active member of the Seventh-day Adventist Church and certify that it is my intention to subscribe to and teach within the framework and philosophy of the Seventh-day Adventist Church as outlined in the General Conference Working Policy and the employment policies of the Southern Union Conference Education Code.

Date: ___

$\underline{\textbf{EDUCATION HISTORY:}} \ (\textbf{continued})$

| COLLEGE / UNIVERSITY | DEGREE | MAJOR | MINOR | COMPLETION YEAR |
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