

## Application for Admission of Principal Certification

Personal Information					
Last Name:	First Name:	Middle:	Email Address:	Date:	
Address:			Work Phone #:	Social Security Number:	
City	State	Zip:	Cell Phone #:	Birth Date:	
Gender:	Ethnicity:			TEA ID #:	
Certification					
You must hold a valid teaching certificate. Please include a copy of the certificate with this application.					
Valid Teaching Certificate Area:		Do you possess a certificate which is currently suspended, revoked, or pending such action in any state? ___ Yes ___ No		School district where currently employed:	
Date Issued:	State Issued:			Campus:	
Expires:		If yes, explain		Position:	
Education					
Name of Institution:	Degree Awarded:	State/Country:	Graduation Date:		
If you currently do not hold a Master's Degree, do you have Master's Degree Plan on file for the Certification sought? ___ Yes ___ No					
Teaching Experience					
You must have a minimum of two years of teaching experience on a valid teaching certificate. Please include your service record(s) with this application.					
School Year:	State:	District:	Position Held:	Date of Service: From: _____ To _____	
School Year:	State:	District:	Position Held:	Date of Service: From: _____ To _____	
School Year:	State:	District:	Position Held:	Date of Service: From: _____ To _____	
Leadership Experience					
You must document successful leadership experiences. Examples of leadership responsibilities include, but are not limited to: department chair, grade level chair, member of site-based decision making team, or other similar tasks. You may also include other work or community leadership experiences.					
Date:	Position Held:	Leadership Responsibilities:			
Date:	Position Held:				
Date:	Position Held:				

I, \_\_\_\_\_, certify that the foregoing and all information included in this application are true and correct. I must immediately notify North American University If the answers to any question on the application change prior to my being granted certification.

\_\_\_\_\_  
Name Signature Date



**PLEASE READ AND SIGN**

Have you ever been charged with a felony or misdemeanor? Yes\_\_\_ No\_\_\_

If yes, were you convicted? Yes\_\_\_ No\_\_\_

If you answer yes to either question, please submit a written explanation.

I hereby certify that I have read and fully understand the above statement. I further certify that the information given above is true.

Signature \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_\_

If you have answered "YES" to any of the above questions, please contact the Certification Office, prior to starting your observation assignments.

CONVICTION OF A CRIME IS NOT AN AUTOMATIC BAR TO ADMISSION IN THE ADMINISTRATOR CERTIFICATION PROGRAM. THE UNIVERSITY WILL CONSIDER THE NATURE OF THE OFFENSE, THE DATE OF THE OFFENSE, AND THE RELATIONSHIP BETWEEN THE OFFENSE AND THE TEACHING PROFESSION.

With Few Exceptions, state law gives you the right to request, receive, review, and correct information about yourself collected by this form.