

Principal Certification Academy

Application for Admission

PERSONAL	INFORMATION	Please Print

Name, Last:				First:		MI:	Email Address:			Date:	
Address:				1		Work Phone Number:		1			
City:				State:	Zip:			Home P	hone Number:		
Social Security	Number:				<u> </u>			Cell Pho	one Number:		
Former Name(s	s) Used, if Ar	ny:						•			
				LEADER	RSHIP E	XPERIEN	CE				
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.											
	D	ates		Position Held			Leadership Responsibilities				
				C	ERTIFIC	CATION					
You must h	nold a val	id teaching cer	tificate. Ple	ease include a copy of			is application	n.			
		ing Certificate Other State Teaching Certificate Do you possess a ce			tificate School district where currently emp		ently employed:				
Area:			Area:		,	which is currently suspended		nded,			
Date Issued:	Date Issued: Date Is		Date Issue	ued:		revoked, or pending such action in any state? Yes No		:n	Campus:		
Expires: Expires:		It		If yes, explain:			Position:				
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	County	District			Position Held	d		Dates of Service:	То	
School Year	State	County	District			Position Held	d		Dates of Service:	То	

EDUCATION										
College/University Attended:			Dat	es: From	То	Graduation Date:				
Degree:			Мај	or Subject:		•				
College/University Attended:				es: From	То	Graduation Date:				
Degree:	Degree:				Major Subject:					
College/University Attended:				es: From	То	Graduation Date:				
Degree:			Мај	or Subject:	•	- 1				
			I							
ADDITIONAL INFORMATION Pleas	Print									
It is required that each applicant to an educator preparation and certification program be subject to a criminal record check. The following information on date of birth and ethnicity is used to initiate the process.										
Date of Birth – Month:	Day:	Year:	Gender: Male Female							
Ethnicity: African-American Hispanic Other White										
If you have ever been convicted of a felony or misdemeanor other than traffic tickets or similar, minor violations, please explain in the space below.										
Offense:			Date Cor	victed:						
Disposition:			Commen	Comments:						
PERSONAL CERTIFICATION/LICEN	SURE RESPONS	SIBILITY AC	CKNOW	LEDGEMENT						
I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge. I also understand that selection based upon information contained in this application which later proves to be false or incomplete shall result in sufficient cause for immediate dismissal from the Harris County Department of Education Principal Certification Academy. I hereby authorize my college/university to release documentation relating to my acceptance in or completion of a master's or doctor's degree program to Harris County Department of Education for the purpose of tracking and analyzing data as required by the Texas Education Agency.										
I hereby authorize Harris County Department of Education to release application information for employment purposes to inquiring school districts and/or colleges/universities.										
Applicant's Signature:						Date:				

The Department prohibits discrimination, including harassment, against any employee or applicant for employment on the basis of race, color, religion, gender, national origin, age, disability, or any other basis prohibited by law. Retaliation against anyone involved in the complaint process is a violation of Department policy.