

APPLICATION FOR CERTIFICATION

Office of Education - Registrar
Mid-America Union Conference of SDA
P.O. Box 6128
Lincoln, NE 68506
Phone: 402-484-3015
FAX: 402-483-4453
Email: krgriffi@maucsda.org

PROCEDURE: Fill in this blank and return to the above address. Official transcripts of all classwork must be sent to the Union Office. Your certificate will be issued by the Union Conference Office of Education in harmony with the requirements set forth in the current *NAD K-12 Educators' Certification Manual*.

I hereby make application for the following certificate:

- | | |
|--|---|
| <input type="checkbox"/> A. Designated Subject/Service | <input type="checkbox"/> F. Administrator |
| <input type="checkbox"/> B. Conditional | <input type="checkbox"/> 1. Principal |
| <input type="checkbox"/> C. Basic | <input type="checkbox"/> 2. Supervisor |
| <input type="checkbox"/> D. Standard | <input type="checkbox"/> 3. Superintendent of Schools |
| <input type="checkbox"/> E. Professional | |

Endorsements desired: _____

Name _____
(First) (Middle) (Maiden Name) (Last)

Birthdate _____ Home Address _____

Home Phone Number _____ Email Address _____

College Degree(s)	Major, Minor	Name of School	Date of Completion

Graduate work beyond last degree: Semester Hours _____ Quarter Hours _____

Fields of Study _____ Date _____

Number of years of teaching experience: Denominational _____ Public _____

What denominational teacher's certificate do you now hold: _____

Which union holds your denominational certification file: _____

If now teaching, at what school: _____ What grades/subjects: _____

Where do you hold Seventh-day Adventist church membership: _____

Date _____ Applicant's Signature _____