

Principal Certification Academy

Application for Admission

PERSONAL INFORMATION *Please Print*

Name, Last:	First:	MI:	Email Address:	Date:
Address:			Work Phone Number:	
City:	State:	Zip:	Home Phone Number:	
Social Security Number:			Cell Phone Number:	
Former Name(s) Used, if Any:				

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.

Dates	Position Held	Leadership Responsibilities

CERTIFICATION

You must hold a valid teaching certificate. Please include a copy of the certificate with this application.

Valid Texas Teaching Certificate Area:	Other State 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:	Date Issued:		Campus:
Expires:	Expires:	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	Dates of Service:	From	To

EDUCATION

College/University Attended:	Dates: From	To	Graduation Date:
Degree:	Major Subject:		
College/University Attended:	Dates: From	To	Graduation Date:
Degree:	Major Subject:		
College/University Attended:	Dates: From	To	Graduation Date:
Degree:	Major Subject:		

ADDITIONAL INFORMATION *Please 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 Convicted:		
Disposition:	Comments:		

PERSONAL CERTIFICATION/LICENSURE RESPONSIBILITY ACKNOWLEDGEMENT

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:
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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.