TRAINEESHIP PROGRAM **PART A Personal Data Form** (**Must be submitted EACH semester**) **Return Application to:** Traineeship Program Northern Kentucky University 245 Johns Hill Road Highland Heights, KY 41099 **FAX 859/442-3529**	***FOR OFFICE USE ONLY:*** *Hours approved:* ______________ *IHE Attending:* ______________________________________ *Certification Sought:* __________________________________ *Current Certification:* __________________________________ *District:* ____ *Postmark Date:* _______________________________________ ***SEMESTERS FUNDED: 1st 2nd 3rd 4th***

NAME:____ ____________________________
(last) (first) (middle init.) Certification Program

E-Mail Home______________________________ E-Mail Work______________________________

SOC. SEC. # _XXX-XX- _ _ _ _ (last 4 digits) PHONE: _________________ ________________
or -STUDENT ID # _____________________ (home) (work)
HOME ADDRESS: ____
(street) (city) (state) (zip)
CURRENT DISTRICT OF EMPLOYMENT: ____
Emergency/Probationary _____ Alternative Certification Program _________

CURRENT POSITION: ____
(subject/exceptionality taught) (grade level)

Have you previously received Traineeship Program funding? ___ NO ___ YES (if yes) ____Semester/Year

Semester for which you are applying: (circle one) Note postmark deadline.

SUMMER	**FALL**	**SPRING**	______ Year
Due 4/1	Due 7/1	Due 11/1	

Kentucky university attending: (check)

__	Asbury	__	Bellarmine	__	Brescia	__	Campbellsville	__	Cumberland		
__	EKU	__	Georgetown	__	KY State	__	Morehead	__	Murray		
__	NKU	__	Spalding	__	Union	__	UK	__	U of L	__	WKU

COURSES REQUESTED FOR THIS SEMESTER. **Applicant may request up to 6 credit hours:**

Course Number	Credit Hours	Course Title	Session Start Date
____________	_________	________________________________	______________
____________	_________	________________________________	______________

I hereby certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. All courses requested are for certification in the area specified. I will notify the Traineeship Program staff if I accept assistance from another source. I agree to Traineeship Program terms and timelines, and understand that failure to comply may disqualify me from participation in the program. I understand that the purpose of the Traineeship Program is to provide highly qualified teachers for Kentucky Public Schools and I acknowledge my intent to teach special education or early childhood education in the Commonwealth of Kentucky.

Applicant Signature: ______________________________ Date: _____________

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I verify that the above named applicant is employed as a full-time special education teacher or special education administrator _______________________ public school district.

For IECE certification applicants I verify that the above named applicant is employed as a full time preschool or Head Start teacher by the _______________________ public school district.

Principal Signature:_________________________________Date:______________________