Return Application to:	**PART B** **REGULAR TRAINEESHIP APPLICATION** **Certification and Employment Data**
Traineeship Program Northern Kentucky University 245 Johns Hill Road Highland Heights, KY 41099	(To be completed by first-time applicants only UNLESS changes occur in your employment status.)

NAME: _____
(last) (first) (middle)

CURRENT TEACHING CERTIFICATION:
LEVEL/AREA: _____
CERTIFICATE NUMBER: _____
DATE OF EXPIRATION: _____
Attach a copy of your current teaching certificate or send a copy to the Traineeship Program as soon as it is received from the Education Professional Standards Board.

AREA of CERTIFICATION REQUESTED:

__Visually Impaired __Hearing Impaired
__Learning & Behavior Disorders __Moderate & Severe Disabilities
__Early Childhood Education IECE __First Steps IECE
__*Director of Special Education __Communication Disabilities

*For Director of Special Education (DOSE) individuals must actually be serving a district in the primary role of DOSE on a probationary or temporary provisional certificate.

EDUCATION:

Degree Earned	Name of Institution	Major	Date Earned
_____	_____	_____	_____
_____	_____	_____	_____

PREVIOUS EMPLOYMENT:

Teaching Position (Area/Level)	Place of Employment	Dates of Employment
_____	_____	_____
_____	_____	_____

REQUIRED: Attach a signed copy of the curriculum contract or program of study plan. Your university advisor must sign the contract/program plan. Highlight the remaining courses needed to meet certification requirements, including the courses planned for this semester. **DO NOT include courses beyond those specifically required for special education or IECE certification. Do not include classes that are only needed for a Master's or Rank change (e.g. foundations courses).**

VERIFICATION OF EMPLOYMENT STATUS (Must be completed by superintendent or personnel director)

I verify that the above named applicant is employed as a full-time special education, preschool teacher or special education administrator in this district for the 20___/20___ school year. The completion of special education certification by this person **(a) is ____ critical OR (b) is ____ not critical** to meet an immediate special education or IECE personnel needs in this district.

Please explain:
_____
_____

SIGNATURE: _____ DISTRICT: _____ DATE: _____
(District Administrator)