



SOUTHERN UNION APPLICATION FOR CERTIFICATION



TEACHER: Please complete this form and mail to address listed at the bottom of the form.

PROCEDURE: This application, accompanied by an official transcript of all college and graduate work taken and evidence of your work experience must be submitted to the Southern Union Conference Office of Education. Your certificate will be issued by the Union Conference Office of Education in harmony with the requirements set forth in the current NAD certification policies.

I hereby make application for the following certificate(s):

- A. Basic C. Professional E. Designated Subjects/Services
 B. Standard D. Administrator F. Conditional

Endorsement(s) desired: _____

Name: _____
 First Middle Maiden Last

Address: _____

Phone Number: _____ NAD Teacher ID # _____ check if new address

Birthdate: _____ Email: _____

Check only if renewing or reinstating certification, then sign and date at the bottom of form.

EDUCATION HISTORY: (If additional history, add on page 2)

COLLEGE / UNIVERSITY	DEGREE	MAJOR	MINOR	COMPLETION YEAR

CERTIFICATION INFORMATION:

Number of years of teaching experience: _____ Denominational: _____ Public: _____

What denominational teaching certificate do you now hold? _____

Date Issued: _____ By Whom? _____ Union.

Name of last Union/Conference you taught for? _____

If now teaching, at what school? _____ Conference: _____

This application indicates that I am an active member of the Seventh-day Adventist Church and certify that it is my intention to subscribe to and teach within the framework and philosophy of the Seventh-day Adventist Church as outlined in the General Conference Working Policy and the employment policies of the Southern Union Conference Education Code.

Signature: _____ Date: _____

EDUCATION HISTORY: (continued)

COLLEGE / UNIVERSITY	DEGREE	MAJOR	MINOR	COMPLETION YEAR