

CERTIFICATE APPLICATION FOR: Theory, Knowledge and Practice about Autism Spectrum Disorders

NAME: _____
LAST NAME FIRST NAME MIDDLE NAME

ADDRESS: _____
STREET NAME AND NUMBER
CITY STATE ZIP

EMAIL: _____

CELL PHONE: (_____) _____ - _____ HOME PHONE: (_____) _____ - _____

DO YOU HAVE A BACHELOR'S DEGREE? YES NO

If you answered no, when will you graduate? _____

If you answered yes, please provide the following information:

UNIVERSITY NAME DEGREE DATE

TEACHING CREDENTIAL (if applicable) EXPIRATION DATE

EMPLOYMENT INFORMATION *Please attach a copy of your resume.*

POSITION: _____

SCHOOL DISTRICT: _____

SCHOOL: _____

PRINCIPAL: _____

PERSONAL STATEMENT WHY WOULD YOU LIKE TO GET THIS CERTIFICATE?

Please submit all paperwork to the address provided above.