

**APPLICATION FOR APPOINTMENT TO THE MONTANA
CERTIFICATION STANDARDS AND PRACTICES ADVISORY COUNCIL**

Position on Council: **TEACHER 9-12**

Name of Applicant: _____ E-Mail: _____

Home Phone: _____ Work Phone: _____ Fax: _____

Address: _____

Employed by: _____

PLEASE ATTACH A RESUME AND PROVIDE A SUMMARY OF EXPERIENCES BELOW:

(use additional paper if needed)

Professional Preparation: (include degrees, dates, institutions, and majors):

Professional experience: (include dates, employer and location)

Professional and Community Activities:

Awards and Honors:

Employer/District Release: (if employed):

I, _____, will release
Employer

_____ for service on
the Council. *Applicant*

**References (Letters of reference should be attached)
Include a letter of reference from a School Board Member and Superintendent.**

Name _____ Position _____

Address _____

E-Mail _____

Phone Number _____

Name _____ Position _____

Address _____

E-MAIL _____

Phone Number _____

Name _____ Position _____

Address _____

E-MAIL _____

Phone Number _____

Briefly state on a separate piece of paper why you wish to be a member of the Montana Certification Standards and Practices Advisory Council.

I, _____, am committed to the
Council's statutory responsibilities. *applicant*

Initials _____

Deadline for application is **April 23-2018.**

All application forms must be sent to:

Pete Donovan
Executive Director
Board of Public Education
PO BOX 200601
46 N Last Chance Gulch
Helena, MT 59620-0601