

**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: **4/30/2021**

All application forms must be sent to:

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