

PART THREE – PREPARATION AND EXPERIENCE

1. Institution where your teacher preparation program was completed:

Name of Institution _____ Dates Attended _____ Year of Completion _____

2. Current Contracted Teaching Position and Total Years: _____

Date From: _____ School District / Position _____ Grade Level / Subject(s) _____

3. Previous Teaching Experience and Total Years: _____

Dates To/ From: _____ State / School District / Position _____ Grade Level / Subject(s) _____

4. Technology: Western’s Professional Certification Program delivery involves the use of electronic technology to communicate, to navigate the Internet, and to develop various forms of documentation.

Please indicate your ability and comfort level in navigating the Internet for purposes of seeking professional resources: _____

PART FOUR - AFFIRMATION

I certify that I am prepared to enter the Western Washington University Professional Certification Program, and that to the best of my knowledge, all statements contained in this application are true and correct.

Applicant Signature

Date of Application

Print Name

WWU Student # or SSN

Mail Application Materials to:

**Dana Edward - WWU
516 High Street – MS 9088
Bellingham, WA 98225**

Western Washington University is committed to ensuring that all programs and activities are readily accessible to all eligible persons without regard to race, color, religion, national origin, sex, age, disability, marital status, sexual orientation, Vietnam-era veteran status, or disabled veteran status. Information contained in this application is accurate at the time of its preparation; however, such information may change, and it is the responsibility of the student to check the current validity at the time of the application. Persons with disabilities may contact the Education Admissions Office at 360/650-3378. Persons with speech or hearing impairments may contact the Washington State TDD Relay System at 1-800/833-6388