



CENTRAL WASHINGTON UNIVERSITY

Office of Continuing Education

400 East University Way Ellensburg WA 98926-7433 Office 800-720-4503 or 509-963-1504 Fax:509-963-1690 Web: www.cwuce.org

National Board Certification Candidate Mentoring Program
Registration Form

Return to Office of Continuing Education by August 15, 2008

PERSONAL DATA: Please complete all fields or registration will not be processed

Grid for SS/ID Number

*SS/ID Number

Grid for CWU ID Number (if known)

CWU ID Number (if known)

School District of Employment:

*LEGAL NAME

Form for legal name with fields for Last, First, Middle, Former Name

*PERMANENT ADDRESS

Form for permanent address with fields for No. & Street, City, State, Zip, County

Form for phone numbers and email with fields for Daytime Phone, Home Phone, E-Mail

*GENDER [] MALE [] FEMALE *BIRTHDATE / / WASHINGTON RESIDENT [] No [] Yes HOW LONG ?

Are you an US citizen? YES NO If no, do you have a Permanent Resident/Green Card? YES NO What country are you a citizen of?

National Board Certification Candidate Mentoring Program

Fee: \$750

Fee includes: October 18, 2008 meeting, mentoring sessions through April 2009, and retake candidate support.

\$75 NON-REFUNDABLE DEPOSIT DUE WITH REGISTRATION

\$675 BALANCE DUE BEFORE AUGUST 15, 2008

METHOD OF PAYMENT:

[] Check # [] Visa [] Mastercard Exp. Date

Grid for card number

Cardholders Signature

IF SCHOOL DISTRICT WILL BE INVOICED, PLEASE COMPLETE:

School Distict: Mailing address Contact name Contact phone number Contact fax number

Refunds for the registration fees associated with this program may be refunded as follows: 100% of registration fee (excluding \$50 non-refundable deposit), if written withdrawal request is received by our office by the 30th calendar day after August 15, 2008.

READ BEFORE SIGNING: I understand that, by signing this registration form, I am formally registered for the above-indicated program and have incurred a financial obligation to pay unless I formally drop from the program prior to the start of the sessions.

*Signature Today's Date

SEE PAGE 2 FOR NBCT CERTIFICATION AREA

NAME : _____ DATE: _____

NBCT Fields of Certification

Check the subject area and age group of your NBCT certificate:

	Art		Career and Technical Education
	Early and Middle Childhood EMC/ART		Early Adolescence through Young Adulthood EAYA/CTE
	Early Adolescence through Young Adulthood EAYA/ART		
	English as a New Language		English Language Arts
	Early and Middle Childhood EMC/ENL		Early Adolescence EA/ELA
	Early Adolescence through Young Adulthood EAYA/ENL		Adolescence and Young Adulthood AYA/ELA
	Exceptional Needs Specialist		Generalist
	Early Childhood through Young Adulthood ECYA/ENS		Early Childhood EC/GEN
			Middle Childhood MC/GEN
	Health		Library Media
	Early Childhood through Young Adulthood		Early Childhood through Young Adulthood ECYA/Library Media
	Literacy: Reading – Language Arts		Mathematics
	Early and Middle Childhood EMC/Lit: Rdg/LA		Early Adolescence EA/Math
			Adolescence and Young Adulthood AYA/Math
	Music		Physical Education
	Early and Middle Childhood EMC/Music		Early and Middle Childhood EMC/PE
	Early Adolescence through Young Adulthood EAYA/Music		Early Adolescence through Young Adulthood EAYA/PE
	School Counseling		Science
	ECYA/School Counseling		Early Adolescence EA/Science
			Adolescence and Young Adulthood AYA/Science
	Social Studies – History		World Languages Other than English
	Early Adolescence EA/SSH		Early Adolescence through Young Adulthood EAYA/WLOE
	Adolescence and Young Adulthood AYA/SSH		