



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

Take One! Candidate Mentoring Form

Return to Office of Continuing Education by January 15, 2009

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

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

\*GENDER [ ] MALE [ ] FEMALE \*BIRTHDATE / /

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?

WASHINGTON RESIDENT [ ] No [ ] Yes HOW LONG ?

Table with 7 columns: Course Prefix, Course Number, Course Title, Credits, Starting Date, City, Instructor. Row 1: ECTL 613, [message icon], Take One! Portfolio Entry Process, 2, , ,

FEE: \$395

METHOD OF PAYMENT:

Form for payment method with checkboxes for Check, Visa, Mastercard and fields for #, Exp. Date

Grid for cardholder signature

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, if written withdrawal request is received by our office by the 30th calendar day after January 15, 2009. You may request to withdraw after 30 calendar days, but no refund will be made. A \$10 processing fee will be placed on your account for withdrawal.

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

Attach verification of purchase of Take One! from NBPTS.

SEE PAGE 2 FOR NBCT CERTIFICATION AREA

NAME : \_\_\_\_\_ DATE: \_\_\_\_\_

### NBCT Fields of Certification

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

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