

APPLICATION FOR NORTH AMERICAN DIVISION EDUCATOR CERTIFICATION

Office of Education – Certification Registrar
 Mid-America Union Conference
 P. O. Box 6128
 Lincoln NE 68506
 Phone: (402) 484-3015
 FAX: (402) 483-4453
 Email: Kristi.Griffith@maucsd.org

PROCEDURE: Complete this form and return it to the address above. Official transcripts of all classwork must be sent directly to the Union Office. Your certificate will be issued by the Mid-America Union Conference Office of Education in harmony with the requirements set forth in the current *NAD PK-12 Educators' Certification Manual* (<https://adventisteducation.org>).

I hereby make application for the following certificate:

- | | |
|---|--|
| <input type="checkbox"/> Designated Subject/Service | <input type="checkbox"/> Administrator (+ endorsement) |
| <input type="checkbox"/> Conditional | <input type="checkbox"/> Principal |
| <input type="checkbox"/> Basic | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Standard | <input type="checkbox"/> Superintendent of Schools |
| <input type="checkbox"/> Professional | |

Endorsements desired: _____

Full Name (maiden name in parenthesis): _____

Birthdate: ___/___/___ Home Address: _____

Cell Phone Number: _____ Home Phone Number: _____

Email: _____

College Degree(s)	Major, Minor	Name of School	Date of Completion

Graduate work beyond last degree: Semester Hours _____ Quarter Hours _____

Fields of Study: _____ Date: _____

Number of years of teaching experience: Denominational _____ Public _____

What denominational teaching certificate do you now hold: _____

Which union holds your denominational certification file: _____

If now teaching, at which school: _____ What grades/subjects: _____

Where do you hold Seventh-day Adventist church membership: _____

Date: _____ Applicant's Signature: _____