

# The Christian Private School Teacher Certification

**A personalized Teaching Certificate A  
personalized Letter of Confirmation**

**This is what we are going to ask you**

**Information about yourself Information about your work experience  
Information about your academic/training experience Information about  
your character Personal references**

## IMPORTANT INFORMATION

The Christian Private School Teachers Certification Program is offered by the New Life Christian Schools and Colleges International Accreditation Association. We offer support and recognition, to individuals and Schools. NLCSCIAA Accredits Christian Private Schools, Certifies Christian Private School Teachers. The Christian Private School Teacher Certification Program is not affiliated with any State Department of Education and is not intended to meet the requirements of any State teacher certification or beginning teacher program and may not be approved, recognized or otherwise sanctioned by any State Department of Education or other legislative or legally designated entity dealing with public education.

## Private Schools Teacher Certification Application

**Print this section, complete the information requested And fax it to us @**

**276-730-0705**

### TELL US ABOUT YOURSELF

**The following information is for identification purposes only. You are not required to complete any information that you feel violates your privacy.**

**FULL NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_

**CITY/STATE/ZIP** \_\_\_\_\_

**AREA CODE & PHONE NUMBER** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

**SOCIAL SECURITY NUMBER** \_\_\_\_\_

**DRIVER'S LICENSE NUMBER & STATE** \_\_\_\_\_

**SEX** \_\_\_\_\_ **US CITIZEN** \_\_\_\_\_ **OTHER** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**TELL US ABOUT YOUR TEACHING EXPERIENCE**

EMPLOYED BY SCHOOL \_\_\_\_\_  
SCHOOL NAME \_\_\_\_\_  
SCHOOL ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
SUPERVISOR \_\_\_\_\_  
A/C+PHONE \_\_\_\_\_  
SUBJECT(S) TAUGHT \_\_\_\_\_

GRADE LEVEL(s) \_\_\_\_\_

TIME SPENT \_\_\_\_\_

(PLEASE LIST SAME INFORMATION FOR ALL PREVIOUS SCHOOLS YOU  
HAVE BEEN EMPLOYED WITH. )

**TELL US ABOUT YOUR ACADEMIC/TRAINING EXPERIENCE**

ATTENDED COLLEGE NUMBER 1 FROM/TO \_\_\_\_\_

COLLEGE NAME \_\_\_\_\_

COLLEGE ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

A/C+TELEPHONE \_\_\_\_\_

MAJOR/MINOR \_\_\_\_\_

DEGREE/CERTIFICATE/DIPLOMA \_\_\_\_\_

ATTACH COPY(S) OF DOCUMENTS \_\_\_\_\_

ATTENDED COLLEGE NUMBER 2 FROM/TO \_\_\_\_\_

COLLEGE NAME \_\_\_\_\_

COLLEGE ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

A/C+TELEPHONE \_\_\_\_\_

MAJOR/MINOR \_\_\_\_\_

DEGREE/CERTIFICATE/DIPLOMA \_\_\_\_\_

ATTACH COPY(S) OF DOCUMENTS \_\_\_\_\_

LIST OTHER COLLEGES AND TELL DEGREES EARNED \_\_\_\_\_

**TELL US ABOUT YOUR CHARACTER**

**HAVE YOU EVER BEEN DENIED A TEACHING CERTIFICATE? \_\_\_\_ HAVE YOU EVER HAD A TEACHING CERTIFICATE SUSPENDED OR REVOKED? \_\_\_\_ HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_**

**Please sign the following statement:**

**I hereby affirm by my signature that I have not been convicted of a felony, a crime of moral turpitude, or a crime involving child abuse, nor do I have a record of a founded charge of child abuse. I am aware that NLCSCI will be checking my current place of employment for an up to date background check.**

**Signature \_\_\_\_\_**

**PERSONAL REFERENCES**

**1. NAME/PHONE/RELATIONSHIP \_\_\_\_\_**

**2. NAME/PHONE/RELATIONSHIP \_\_\_\_\_**

**3. NAME/PHONE/RELATIONSHIP \_\_\_\_\_**

**SCHOOL EMPLOYER NOMINATION/SPONSORSHIP (To be completed by supervisor/employer/professional associate)**

**This is to certify that: I, as a professional in the education industry, have known/supervised/employed the applicant for a sufficient period of time to verify that she/he is of sound moral character and would without reservation nominate her/him to be considered for Christian Private School Teacher Certification.**

**School Name \_\_\_\_\_**

**Sponsor Name & Title \_\_\_\_\_**

**Address \_\_\_\_\_**

**City/State/Zip \_\_\_\_\_**

**A/C + Phone \_\_\_\_\_**

**Professional Relationship to Applicant \_\_\_\_\_**

**Signature & Date \_\_\_\_\_**

**SUBJECT AREA(S) IN WHICH APPLICANT SEEKS TO BECOME  
CERTIFIED (Choose up to three from the listing below)**

**NAME** \_\_\_\_\_

**(Name exactly as you wish it to appear on the Certificate) SUBJECT**

**#1** \_\_\_\_\_

**GRADE LEVEL:** \_\_\_\_\_ **(\$50.00 application fee must be included. Total \$50) SUBJECT**

**#2** \_\_\_\_\_

**GRADE LEVEL:** \_\_\_\_\_ **(enclose additional \$25 fee. Total \$75) SUBJECT #3**

**GRADE LEVEL:** \_\_\_\_\_ **(enclose additional \$25 fee. Total \$100)**