



Performance-Based Educational Leadership Alternative Certification (Alt Cert) Application

Please Print.

Contact Information

Full Name: _____
Last First M.I.

Home Address: _____
Street Address

City State ZIP Code

Preferred Phone: _____ Alternate Phone: _____

Preferred Email: _____

Professional Affiliations _____

Are you a Certified Teacher? Yes No In which states are you certified? _____

Certificates held (list all):

Highest Degree Earned: _____ University: _____

School / Organization Information

Your School Position/Title: _____

School /Organization Name: _____

School Address: _____
Street Address

City State ZIP Code

School Phone: _____ School Fax: _____

School Level: Please check one.
Elementary Middle K-8 Junior High School High School



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Please respond to the following questions:

1. Describe why you desire to participate in the SLC Alternative Certification program.

2. Describe your key professional goals for the next 5 years.

3. Describe the experiences you have had in which you assumed a leadership role.