

**THE UNIVERSITY OF TEXAS AT TYLER
PROFESSIONAL CERTIFICATION**

4. Today's Date _____

Standard Professional Certification

1. myUTTyler ID # _____
2. Social Security # _____
3. TEA # _____

5. Last Name _____		First Name _____		MI _____	Maiden Name _____
6. Permanent Address _____			City _____	State _____	Zip Code _____
7. Date of Birth (numerical MM/DD/YYYY) / /		8. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		9. Ethnicity (choose ONE) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	
				10. Race (choose one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
11. Telephone () -		12. E-mail address _____			
13. Highest Degree Earned to date		14. Date of that degree (MM / DD / YYYY) / /		15. University where that degree was granted	
16. Professional Certificate: (check certificate for which you are applying) <input type="checkbox"/> Educational Diagnostician <input type="checkbox"/> Reading Specialist <input type="checkbox"/> Master Reading Teacher <input type="checkbox"/> School Counselor <input type="checkbox"/> Principal <input type="checkbox"/> Superintendent →NOTICE: Applicants for Professional Certification must provide a service record from the school district showing at least 2 years of teaching experience. (3 years for MRT candidates)				17. Current Certification: (check &/or list all previous certificates) <input type="checkbox"/> Elementary <input type="checkbox"/> All-Level <input type="checkbox"/> Secondary <input type="checkbox"/> Professional* (list below)	

**** NOTICE: Any information left blank will delay the recommendation process. ALL INFORMATION IS REQUIRED. ****

Do not write below this line

TEXES _____ _____ _____ _____

Notes:

Degree	Date	Univ.
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Degree checked

Recommended Certifications: _____ _____

Date of Completion _____ Date of Test _____

Date of Recommendation _____

PC _____

- Svc Record rec'd or in ImageNow
- # Yrs. Classroom teaching _____
- Degree plan or cert plan on file

****DISCLOSURE STATEMENT:**

Disclosure of your Social Security Number ("SSN") is required of you in order for The University of Texas at Tyler to provide the number to the State Board for Educator certification (SBEC) as mandated by SBEC internal rules. Your SSN will be used by SBEC in order to conduct criminal history checks required for applicant certification. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.

PRIVACY STATEMENT:

With few exceptions, you are entitled on your request to be informed about the information The University of Texas at Tyler collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have The University of Texas at Tyler correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in The University of Texas System business Procedures Memorandum

32. The information that The University of Texas at Tyler collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.