**CEC PROGRAM REVIEWER APPLICATION[[1]](#footnote-1)**

Date:

Name

Address:

Telephone: Home:

Office:

Fax:

Email:

Skype:

## EDUCATION

|  |  |  |
| --- | --- | --- |
| Degree | **College/University** | **Area(s) of Emphasis** |
|  |  |  |
|  |  |  |
|  |  |  |

**CONFLICTS OF INTEREST**

In order for CEC to document possible conflicts of interest, please provide the following information from the past 10 years.

#### Employment

|  |  |  |  |
| --- | --- | --- | --- |
| FROM | TO | EMPLOYER | ADDRESS |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

#### Colleges/Universities with which you have had a close association, e.g. consulting, visiting professor, contracts

|  |  |
| --- | --- |
| NAME | ADDRESS |
|  |  |
|  |  |
|  |  |
|  |  |

**EXPERIENCE**

Check the areas and years of your experience for as many as are appropriate.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Teacher/Service Provider** | **Years** | **Administrator/**  **Supervisor** | Years | TeacherEducator | Years |
| **Early Child. Special Ed.** |  |  |  |  |  |  |
| **Mild Disabilities** |  |  |  |  |  |  |
| **Moderate Disabilities** |  |  |  |  |  |  |
| **Severe Disabilities** |  |  |  |  |  |  |
| **Career/Transition** |  |  |  |  |  |  |
| **Gifted/Talented** |  |  |  |  |  |  |
| **Educational Diagnosis** |  |  |  |  |  |  |
| **Other (specify)** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Related Services** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

## CEC STANDARDS

Briefly describe your experience with or knowledge of CEC/NCATE standards:

1. Complete application electronically. Email [prostandards@cec.sped.org](mailto:prostandards@cec.sped.org) for an electronic copy. Then save as “your name REVIEWER APPLICATION”. Email the completed application and a copy of your resume to [prostandards@cec.sped.org](mailto:prostandards@cec.sped.org) . Use the tab and shift tab to move forward and backwards throughout the application. [↑](#footnote-ref-1)