**CEC PROGRAM REVIEWER APPLICATION**

Thank you for your interest in becoming a CEC Program Reviewer! Please send this completed application and a current CV or resume to [prostandards@cec.sped.org](mailto:prostandards@cec.sped.org).

**Contact Information**

|  |  |
| --- | --- |
| **Name:** Click here to type. | **Preferred email:** Click here to type. |
| **CEC membership #:** Click here to type. | **Preferred phone:** Click here to type. |
| **Application date:** Click to enter a date. | **Preferred address:** Click here to type. |

**I am interested in serving as a reviewer for (check all that apply):**

Special education programs

Gifted education programs

Early childhood/early intervention special education programs

**Education**

|  |  |  |
| --- | --- | --- |
| **Degree** | **Awarding Institution** | **Area(s) of emphasis** |
| Click here to type. | Click here to type. | Click here to type. |
| Click here to type. | Click here to type. | Click here to type. |
| Click here to type. | Click here to type. | Click here to type. |

**Experience**

**Experience with CEC Standards**

Please briefly describe your experience with and/or knowledge of CEC standards and the CAEP program review process.

Click here to type.

**Experience (cont.)**

**Professional experience/subject areas**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Teacher/ Service Provider** | **Years** | **Admin./ Supervisor** | **Years** | **Teacher Educator** | **Years** |
| Early Childhood Special Ed. |  | Years |  | Years |  | Years |
| Mild Disabilities |  | Years |  | Years |  | Years |
| Moderate Disabilities |  | Years |  | Years |  | Years |
| Severe Disabilities |  | Years |  | Years |  | Years |
| Career/Transition |  | Years |  | Years |  | Click Years |
| Gifted/Talented |  | Years |  | Years |  | Years |
| Educational Diagnosis |  | Years |  | Years |  | Years |
| Other (specify):  Click here to type. |  | Years |  | Years |  | Years |
| Related Services (specify):  Click here to type. |  | Years |  | Years |  | Years |

**Conflicts of interest**

For CEC to document any possible conflicts of interest, please provide the following information for the past 10 years.

**Employment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Location** | **Start Date** | **End Date** |
| Click here to type. | City, State | Month, Year | Month, Year |
| Click here to type. | City, State | Month, Year | Month, Year |
| Click here to type. | City, State | Month, Year | Month, Year |

**Colleges/universities with which you have had close association (e.g. consulting, visiting professor, contracts)**

|  |  |
| --- | --- |
| **Institution name** | **Location** |
| Click here to type. | City, State |
| Click here to type. | City, State |
| Click here to type. | City, State |