



APPLICATION FOR CONSIDERATION FOR APPOINTMENT TO A COMMITTEE OR TASK FORCE

Please submit the following application AND a resume that includes employment history, educational background, and civic involvement, to inbox@azsbe.az.gov.

Name: _____

Home Address: _____

City/State/Zip Code: _____

Office Address: _____

City/State/Zip Code: _____

Preferred Phone: _____ Alternate Phone: _____

Preferred E-mail: _____

I am interested in serving on the:

- Certification Advisory Committee (CAC)
- Professional Practices Advisory Committee (PPAC)
- Certification Appeals Advisory Committee (CAAC)
- Other: _____

Some State Board of Education committees require members to fulfill specific criteria. Please check all that apply:

An employed or retired educator certified in Arizona in elementary education secondary education special education
 vocational education school principal school administration

An employed or retired district superintendent or assistant/associate superintendent elementary high school unified

A parent of a student attending an Arizona public elementary school middle school high school

- A human resources director of a school district
- A county superintendent of schools
- An elected member of a school district governing board
- An owner, operator or administrator of a charter school
- A dean, administrator or faculty member of an educator preparation program approved by the State Board
- A member of the public, unaffiliated with any of the above

Previous involvement with committees of the State Board of Education or Department of Education:
(Please include the name of the Committee, dates served, and position if applicable)

Briefly explain why you are interested in and what best qualifies you for this position:

I have attached a resume that includes employment history, educational background, and civic involvement

Voluntary Information:

This information is used solely for the purposes of ensuring committees are comprised of members reflecting the entire state of Arizona and its community.

Ethnicity:

- African American
- Asian/Pacific Islander
- Caucasian
- Latino
- Native American
- Other

Gender:

- Male
- Female

Signature

Date

----- Office Use -----

Nominated By: _____

Date Considered for Appointment: _____

Initial Appointed: [] Yes [] No Reappointment: [] Yes [] No

Term Effective: _____ Term Expires: _____

Date Notified: _____