



Educational Diagnostician Certification Program Application

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Student ID#: _____ TEA ID#: _____

Birth Date: _____ Sex: (Circle One) Male Female Ethnicity: (Circle One) African-American White Hispanic Other

Semester you are applying for: Spring [] Summer I [] Summer II [] Fall []
Year Year Year Year

Qualifying Degree, Coursework, and Transcripts

Please provide the following information and supporting documents:

Master's Degree (e.g., MSED, MED): _____ Date Conferred: _____

An official transcript(s) of all graduate work is attached: ___ Yes ___ No

I have completed the following Special Education courses at PVAMU, with a grade of B, or higher: ___ Yes ___ No

- SPED 5213 Survey of the Exceptional Learner
- SPED 5223 Diverse Learners in Inclusive Settings
- SPED 5243 Methods of the Exceptional Learner

Explanation for any missing coursework: _____

OR
I have completed equivalent courses at another university. ___ Yes ___ No

An official transcript verifying the equivalent courses is attached. ___ Yes ___ No

OR
I have scored a "B" (85%) or higher on the Departmental Examination on Special Education Content; documentation is included. ___ Yes ___ No

Verification of Teacher Certification and Teaching Experience

I am a certified teacher in the state of Texas? ___ Yes ___ No

A copy of my *Texas Educator License* is attached to this application. ___ Yes ___ No

I have completed _____ years of classroom teaching experience in an accredited school district.

An official copy of my *Texas School District Teacher Service Record* is attached to this application. ___ Yes ___ No

Candidate Signature _____

Date _____

OFFICE USE ONLY

Date of Admissions Committee Meeting: _____

___ Candidate has meet all admission requirements.

___ Candidate did not meet admission requirements.

___ Candidate is eligible to enroll in the Educational Diagnostician

Program beginning in the _____ semester of _____.

Signature of Program Coordinator

Date