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| --- |
| **Application for Authorization** |

**1. Authorization being applied for**: [ ]  Supervisor [ ]  Specialist

**2. Personal Information**

 Name:

 Permanent Mailing Address:

##  Street City/St/Zip

 Home Phone: Work Phone

 Email Address:

**3. Current Employment Information**

 Employing Agency:

 Date of Employment: / /

 Position Currently Held:

 EI/ECSE Contractors Name:

 Immediate Supervisor:

 Supervisor’s email address: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Previous Employment Background**

 Employer Beginning / End Date Position

 To

 To

 To

 To

**5. Educational Information**

 Area of Study and Where Completed Date of Completion

 HS:

 GED:

 AA:

 BA/BS:

 MA/MS:

 PhD:

**6. Licensing Information**

 Type of License Held:

 Date License Issued:

 State License Issued:

**7. Signatures**

 I hereby submit this workbook and accompanying Portfolio documentation in support of my Application for Authorization.

 Signature Date

 Signature of Immediate Supervisor Date

**Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Review Team:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**