

**TEC ELEMENTARY PROFESSIONAL LICENSURE PROGRAM  
APPLICATION FORM**

**Personal Information**

Name of Participant \_\_\_\_\_ Date \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

**Educational Information**

Receipt of an Initial License through: \_\_\_ Traditional undergraduate degree program  
\_\_\_ Post Baccalaureate Program  
\_\_\_ District/Collaborative-based program  
\_\_\_ Other (explain \_\_\_\_\_)

Name of Institution providing education: \_\_\_\_\_

Undergraduate major (if applicable): \_\_\_\_\_

**Employment Information**

Initial License Held \_\_\_\_\_ Date Issued \_\_\_\_\_

Current Employment at (School): \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Prior Employment (if applicable) at : \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Your signature below attests to the accuracy of the information provided above

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Send completed form to Janice Yelland @The Education Cooperative, PO Box 186  
Dedham, MA 02027.**