



Region 8 Technology Certification Application

Candidate's Name: _____

School: _____

School District: _____

Candidate's Preferred Mailing Address:

E-Mail Address: _____

Contact Phone Number: _____

Please circle the level(s) for which you are applying

Level I Level II Level III-Mentor Level III-Leadership

Level III Mentor / Leader Use Only

Directions: Please fill out all information above and make 3 copies of this form. Submit one to KCSOS, one for portfolio and one for Level III Mentor/Leader records.

Date Received: _____ Fees Paid: ***Waived in 2000-2001***

Review Date 1: _____ If revised, review date 2: _____

Level 3 Mentor / Leader Signature: _____

Level 3 Mentor / Leader Number: _____ Approval Date: _____

Comments: