



# CECIL COUNTY PUBLIC SCHOOLS

## DEPARTMENT OF HUMAN RESOURCES

**GEORGE WASHINGTON CARVER EDUCATION LEADERSHIP CENTER**  
 201 BOOTH STREET • ELKTON, MD 21921  
 phone: 410.996.5555 • fax: 410.996.1051 • www.ccps.org

Jeffrey A. Lawson, Ed.D.  
*Superintendent of Schools*

Diana B. Hawley  
*President, Board of Education*

**Applicant:** Complete the top section only and then forward for verification.

First Name:	Last Name:	Middle Initial
Maiden Name:	Last 4 Digits of Social Security Number	Date of Birth

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Employer:** The above-named person was employed in your agency, district, or school(s). Please complete each section below to indicate the dates of service and performance rating for each specific assignment. Performance ratings will be used only for determining eligibility for certification. *Please return the completed form to CCPS Certification at [certification@ccps.org](mailto:certification@ccps.org) or Fax to 410-996-1051.*

School District/Agency	State	Dates of Service From - To	FT/PT (if PT, % of time)	Performance Rating	Subject Taught (one subject per box)	Grade(s) Taught
				Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>		
				Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>		
				Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>		
				Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>		

*If the school listed above is a nonpublic/private school, list the approving or accrediting agency:*

\_\_\_\_\_

Printed Name of Authorized Official	Signature of Authorized Official	Date
Title	Phone	E-Mail

**Maryland Parallel Experience Only**

Unused sick leave balance: \_\_\_\_\_

Tenured Teacher:            Yes    No