

# 2021 – 2022 NEW CLINICAL MASTER TEACHER APPLICATION Cover Sheet

NAME: \_\_\_\_\_

Teacher Certification Number: \_\_\_\_\_

(Log in to <https://tcert.alsde.edu/Portal/Public/Pages/SearchCerts.aspx> to search and retrieve your TCH Number)

School: \_\_\_\_\_

Grade/Subject: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home/Cell Phone Number: \_\_\_\_\_

School E-mail Address: \_\_\_\_\_

Personal E-mail Address: \_\_\_\_\_

Degrees and/or certifications earned:

University / College	Degree / Certification	Date
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Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Signature serves as your recommendation for applicant to serve as a CMT Team member.