



**CERTification Program for Educational Diagnosticians Nomination Form**

**This form must be signed by the District Special Education Director.**

**I wish to nominate:**

Name: \_\_\_\_\_

Region \_\_\_\_\_ District: \_\_\_\_\_ Campus \_\_\_\_\_

Campus Phone: \_\_\_\_\_

Current Position: \_\_\_\_\_ Years Teaching Experience: \_\_\_\_\_

Areas of Teaching Experience: \_\_\_\_\_

Certification(s): \_\_\_\_\_

Graduate Degree: \_\_\_\_\_ Major: \_\_\_\_\_

University: \_\_\_\_\_

I nominate this individual for participation in the CERT Program. Nominee is in good standing with our district and has passed a criminal record check. I understand that I may not have any diagnostician positions available when this nominee is eligible to acquire a probationary certificate. However, I would be willing to interview this nominee for any appropriate diagnostician positions. I would also be willing to loan the required test kits to this individual, depending on their availability, for the Region 10 CERT coursework. I understand that if we choose to hire this nominee as an intern, we would have additional obligations regarding assigning a mentor who can review reports and assess progress. If you have questions, please contact Barb Keefer, Program Consultant, at 972.348.1478.

\_\_\_\_\_  
**Printed Name: District Director of Special Education      Region #      Date**

\_\_\_\_\_  
**Signature      Position**

\_\_\_\_\_  
**E-mail Address**

\_\_\_\_\_  
**Phone**