

National Dropout Prevention Specialist Certification Program

Application Form

The National Dropout Prevention Center/Network respects the privacy of all applicants. Program participant information used for recognition of participants and certificate holders or for sharing of field projects will be secured apart from this application.

Applicant Information:

Name: (Last) (First) (Middle)

(Suffix)

Home Address (Street and House No.) (City) (State)

(Zip Code)

Place of Employment/Work Organization Job Description (educator, social

worker, etc.)

Work Address: (Street) (City) (State)

(Zip Code)

Home Phone Work Phone Mobile Phone

Education:

Highest Degree Held _____
Major Field of Study _____
Institution _____
Date _____

Experience in Education and/or At-Risk Youth Services

Please describe your experience base in education or at-risk youth services.

Dates	Title/Role	Organization	Brief Description

Signature: _____ Date: _____

By signing, I acknowledge that the information provided is correct and accurate. I also acknowledge my intent to participate in and complete the National Dropout Prevention

Specialist Certification Program as described above. Participation in and/or completion of the NDPS certification program does not guarantee employment or any other benefit other than described.

Return application form with payment to: National Dropout Prevention Network
209 Martin Street
Clemson, SC 29631-1555

Paper applications with payment are accepted at NDPC/N Conference event registration desks.