

Registration Date \_\_\_\_\_

ID # (For Office Use Only) \_\_\_\_\_

## MetroED Teacher Credentialing Program Module Registration

Last Name		First Name			
S/S #		Birth Date			
Address		City		Zip	
Phone (Home)	Phone (Cell)	Phone (Work)	Phone (Message)		
Email Address					
Ethnicity (Please Circle)					
White	Black	Asian/Pacific Islander	Hispanic		
Filipino	American Indian/Alaska Native	Other	Prefer not to disclose		
Place a check in the box beside the class(es) in which you want to enroll:					
<b>5 Year Credential Modules</b>					
Module	Fee	Start Date	Location	FOR Office Use Only	
				Number	Section
1-Essential Instructional Skills	\$275				
1A-Instructional Practices for ESL	\$100				
1B-Instructional Practices for Older Adults	\$100				
1C-Instructional Practices for Adults with Disabilities	\$100				
1D-Computer Skills Training for Teachers	\$150				
Computer Skills test-out	\$75				
2-Student Characteristics	\$250				
3-Vocational Classroom Techniques	\$250				
4-Health Education Overview	\$150				
5-Independent Study-Supervised Field Projects	\$150				
6-Student Achievement	\$250				
7-Adult & Vocational Programming	\$250				
8-Vocational Education Principles and Practices	\$150				
<b>3 Year Credential Modules</b>					
<b>D-Foundations of Career Technical Education EDUC 385D</b>	\$450				
<b>B-Instructional Strategies for Career Technical Education EDUC 385B</b>	\$450				
<b>C-Curriculum Design and Assessment for Career Technical Education EDUC 385C</b>	\$450				
<b>E-Portfolio for Career Technical Education EDUC 385E</b>	\$450				
<b>Supervision and Coordination Credential Modules</b>					
9-Supervision and Coordination I	\$345				
10-Supervision and Coordination II	\$345				
<b>Annual Registration fee 2011-2012</b>		<b>\$30</b>	<b>One time (per school year) fee</b>		
Total Fees Enclosed Payable to <b>MetroED</b>			Payment Method: ___ Cash ___ Money Order/Cashier Check (include name and signature) Number ___ Credit Card (MasterCard/VISA) ___ Personal Check Number		
Refund Policy-24 hour written notification before module starts					

**For Office Use Only:**

Date Reg. Received \_\_\_\_\_

Clerk Name \_\_\_\_\_

Date Reg. Processed \_\_\_\_\_

Clerk Name \_\_\_\_\_

White: Program Office    Canary: Accounting    Pink: Student Receipt