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| **Application for Authorization** |

**1. Authorization being applied for**:  Supervisor  Specialist

**2. Personal Information**

Name:

Permanent Mailing Address:

## Street City/St/Zip

Home Phone: Work Phone

Email Address:

**3. Current Employment Information**

Employing Agency:

Date of Employment: / /

Position Currently Held:

EI/ECSE Contractors Name:

Immediate Supervisor:

Supervisor’s email address: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Previous Employment Background**

Employer Beginning / End Date Position

To

To

To

To

**5. Educational Information**

Area of Study and Where Completed Date of Completion

HS:

GED:

AA:

BA/BS:

MA/MS:

PhD:

**6. Licensing Information**

Type of License Held:

Date License Issued:

State License Issued:

**7. Signatures**

I hereby submit this workbook and accompanying Portfolio documentation in support of my Application for Authorization.

Signature Date

Signature of Immediate Supervisor Date

**Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Review Team:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**