

Superintendent Certification Application

For the Substitution of Managerial Experience in Lieu of the Principal Certification Requirement



Authority for Data Collection:

19 TAC Chapter 242.20(5)

Planned Use of the Data:

Review submitted information to determine if the applicant has the three years of experience in a district and meets the requirements to substitute managerial experience for the principal certification requirement.

You must complete **all** of the following steps to submit your application for review:

1. Complete all sections of this application.
2. Submit this application **and** a current resume or curriculum vitae using the **Email** button at the bottom of this application.
3. You will receive an email with instructions to pay the required \$164.00 fee.
4. The payment email will be sent within several days to one week from receipt of your application.
5. TEA staff will review the application, check references, and respond to the applicant in writing with an approval or denial within 60 days from the date of payment.

| | | | | |
|---------------|--|------------|---------------|----------|
| Last Name | | First Name | | Initial |
| TEA ID Number | | | Phone Number | |
| Address | | City | State | Zip Code |
| Email | | | Date of Birth | |

Public school work experience

1. Describe your experience in supervising or appraising faculty or staff. Please also indicate the length of your experience.

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1. Describe your experience in supervising or appraising faculty or staff. Please also indicate the length of your experience (continued).

2. Describe your experience in conducting district-level planning and coordination of programs, activities, or initiatives. Please also indicate the length of your experience.

3. Describe your experience with creating and/or maintaining a budget. Please also indicate the length of your experience.

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3. Describe your experience with creating and/or maintaining a budget. Please also indicate the length of your experience (continued).

References: List the names of three persons qualified to comment regarding your managerial experience.

| Name | Email Address | Phone Number | Title and District |
|------|---------------|--------------|--------------------|
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Applicant's Affidavit:

- 1. The above information is to the best of my knowledge, a true statement of facts concerning personal information and work experience.**
- 2. I understand any deficiency found in this Application may cause my application to be rejected.**

| | |
|-----------|------|
| Name | Date |
| Signature | |

After you have completed the online application click on the email button to submit this completed application and attach your resume or curriculum vitae (you may print, sign, and scan this application if you are unable to use the digital signature).

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Additional page if needed