Kentucky Department of Education

Teacher and Administrator Tribunal Member Application

|  |  |
| --- | --- |
| Name | Home Phone |
| Street Address | Cellular or Alternate Phone |
| City State Zip Code | Email Address |

I am applying as a potential: □ Teacher Tribunal Member

□ Administrator Tribunal Member

Do you currently hold a valid teaching certificate issued by the Education Professional Standards Board that is in good standing?

□ Yes □ No If yes, provide the certificate number \_\_\_\_\_\_\_\_\_\_\_\_

Are you a retired educator who previously held a teaching certificate issued by the Education Professional Standards Board?

□ Yes □ No If yes, provide the certificate number \_\_\_\_\_\_\_\_\_\_\_\_

Has your teaching certificate ever been revoked or surrendered as a result of revocation proceedings?

□ Yes □ No If yes, provide the date(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your teaching certificate valid for the performance of administrative duties?

□ Yes □ No

Provide your employment history as a teacher or administrator:

|  |  |  |
| --- | --- | --- |
| School District City State | Title | Dates of Employment |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Were you previously selected for the pool of potential tribunal members?

□ Yes □ No If yes, provide the dates you were included in the pool of potential tribunal members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe why you wish to serve as a tribunal member:

|  |
| --- |
|  |

Are you willing to accept assignment and travel to any Kentucky school district for a tribunal hearing?

□ Yes □ No If no, list the school districts to which you are willing to travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this application, I swear or affirm that all of the information contained herein is true and correct to the best of my knowledge. I also understand that if selected for the pool of potential teacher or administrator tribunal members, I must complete the training requirements set forth in KRS 161.790 and 701 KAR 5:090.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Send completed applications to: Kentucky Department of Education

Office of Legal Services

300 Sower Boulevard, 5th Floor

Frankfort, KY 40601