

Tohono O'odham Language Teacher Certification Exam Application

Complete each section and return to the Tohono O'odham Nation Education Department. Within three (3) weeks, the Education Department will notify applicants regarding eligibility status. All eligible applicants will receive the date, time and location of testing. Non-eligible applicants will receive information about non-eligibility status.

PERSONAL INFORMATION

Full Legal Name:

Date of Birth:

Mailing Address:

Street Number/ PO Box

City

State

Zip Code

Phone No.

Email Address

TRIBAL AFFILIATION

Member of the Tohono O'odham Nation YES NO / Tribal Enrollment No. _____

SUPPLEMENTAL DOCUMENTS

- Submit proof of tribal enrollment
- Submit copy of high school diploma/GED Certificate (not required for elders [individuals 55 years and older])
- Submit copy of valid ID (AZ State, Tribal)

(I understand I must submit all of the requested documents before my application is reviewed.)

I certify that the above information is true, correct and complete to the best of my knowledge.

Applicant's Signature

Date

OFFICE USE ONLY

Date Received: _____ Received by: _____

Applicant Meets Eligibility Requirements: Yes No

If applicable, reason of denial: _____

If applicable, date/time of assessment: _____

Reviewers Signature: _____