

## **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:**

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**Mailing Address:**

**Street Number/ PO Box**

**City**

**State**

**Zip Code**

**Phone No.**

**Email Address**

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### **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. )

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

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**Applicant's Signature**

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**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: \_\_\_\_\_