

Preliminary Application Director Mentor

NAME		
TODAY'S DATE	HOME PHONE	
MAILING ADDRESS		
EMAIL ADDRESS		
PLACE OF EMPLOYMENT	WORK PHONE	
WORK ADDRESS		
AGE GROUPS IN YOUR PROGRAM	YEARS EMPLOYED AT THIS PROGRAM	
NOTE: Preliminary applications will be processed a	as quickly as nossible. Please note that the due	
,	If you wish	
to apply to become a Director Mentor, you must submit the Director Mentor Application by this date.		
Preliminary applications are solely a way to obtain feedback. Acceptance at the preliminary level is		
not required to apply to the program.		

MINIMUM QUALIFICATIONS NECESSARY TO APPLY

- No fewer than three years of experience in an ECE supervisory role (does not need to be current)
- Completion of at least three semester units in ECE administration and/or supervision
- Certificate of completion of a Director Mentor Institute
- Completion of a Program Administration Scale (PAS) self-study and selection of seven PAS items to discuss with a site visit team of two Selection Committee members

role. Please discuss ur effectiveness as a Dire	fly why you wish to be a Director Mentor and why you think you would inique experiences, education, and background you feel would streng ector Mentor—linguistic abilities, cultural or ethnic characteristics, specific the writable PDF function of this form (limit 4000 characters) or in no	then your ecial training, etc.
Return co	completed preliminary application, essay, and relevant unofficial transc	cripts to:
	Contact information:	