



Certificate of Completion Application 500 Hour Teacher Training Program

Certificate Application:

Name as you wish it printed on your diploma:

Mailing information:

Street _____ City _____

State ____ Zip _____ **Email:** _____

Phone:

Home (____) _____ Cell (____) _____

Submit Documentation:

- attendance (CONTACT HOURS use tracking grid)
- evaluation of Karma Project
- Book and reading reports
- 100 hours of Teaching (500-HOUR PROGRAM ONLY) (list date, time, location of class, employer)

Certificates will be issued providing **all required documentation** and **homework/practicum projects** have been submitted.

Date: _____

Signature: _____ Date: _____