

**Auerbach Central Agency for Jewish Education
COMMUNITY BOARD OF LICENSE OF GREATER PHILADELPHIA
APPLICATION FOR CERTIFICATION**



Name _____ Date _____

Address _____ City/State/Zip _____

Phone (H) _____ (W) _____ Fax _____ E-mail _____

Birth date _____ Hebrew Name _____

A. TYPE OF APPLICATION (Please check the category that applies)

- First application Applying for re-classification
Do you currently have a Jewish teacher's license? _____ If yes, license level _____

B. APPLICANT'S CURRENT STATUS

1. Do you currently have a Jewish teacher's license from another city? _____
If yes, what community? _____ Type of license _____
Date Issued _____

2. Do you have a secular or general teacher's license? _____
If yes, which license? _____

3. Current Employment:
Employer _____ Position _____
Employer _____ Position _____

C. EDUCATION

College/University	Location	Major	Degree	Graduation Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Jewish High School	Location	Date	Graduation Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Jewish College/University	Location	Date	Graduation Date

D. GENERAL TEACHING EXPERIENCE

School	Location	Grade/Subject	Date	# Hours/Week

E. JEWISH TEACHING EXPERIENCE

School	Location	Grade/Subject	Date	# Hours/Week

F. RELATED EXPERIENCE (Camping, Youth Group)

Position	Agency/Organization	Date

Signature of Applicant _____ Date _____

G. REFERENCES

Name	Address	Phone	Position
1. _____	_____	_____	_____
2. _____	_____	_____	_____

This application must be completed and accompanied by transcripts of education, record of life experience and documentation of satisfactory teaching experience.
Please return application materials to:
Ms. Sallie Olson
Auerbach Central Agency for Jewish Education (CBL)
7607 Old York Road
Melrose Park, PA 19027
215/635-8940, ext. 1216