

Merrimack Education Center

Merrimack Teacher Development Center MEC District-Based Teacher Licensure Program

Candidate's Application for Admission

1. Last Name _____ First Name _____ M.I. _____
2. Social Security Number _____ E-mail Address _____
4. Address _____
City/Town _____ State _____ Zip Code _____
5. Home Telephone _____ Work Telephone _____
6. Do you have a teacher's license in MA? Yes No. If yes, title and number: _____
7. License being sought: Subject area: _____ Level: _____

Academic Credits earned in the subject area/discipline:
Baccalaureate level credits: _____
Masters level credits: _____
8. How many years of teaching experience do you currently have? _____
9. Are you currently teaching in a school district? _____
If yes, School District _____ Subject area _____
10. MTEL Score or scheduled date to take the test. _____
11. Subject Matter Test Score or scheduled date to take the test. _____

Signature

Date

Required documents:

1. Official Transcripts
2. Three letters of recommendation
3. MTEL test score
4. MA Subject Matter test score
5. Completed Application Form
6. Resume
7. \$35 nonrefundable application fee
8. Licensure/Certification
9. \$500 program fee

Please send application and required documents to

**Isabelle Kunselman
Merrimack Education Center
40 Linnell Circle
Billerica, MA 01821**