



PARTICIPANT CREDIT APPLICATION INFORMATION

World Class Teaching Mentor Program

Location: School Districts

Mentoring Semester
(Fall or Spring & Year): _____

Instructor(s): Tammy Kirkland

Mentor's Name _____

Mentoring Location (Circle One): Tupelo, Oxford, Southaven, Grenada, Madison, WCTP 601 Only,
or Combination of WCTP 601 and _____ (Mentoring Site)

***CEUs are based on the number of mentor sessions attended.**

_____ **CEU'S**

SEX: () MALE () FEMALE

LAST NAME FIRST NAME MIDDLE INITIAL

MAILING ADDRESS

CITY STATE ZIP CODE

SOCIAL SECURITY DATE OF BIRTH

SCHOOL DISTRICT: _____

SCHOOL: _____

POSITION: _____

EMAIL: _____

CELL PHONE _____

MARK YOUR FORM OF PAYMENT FOR CEUs ONLY:

_____ \$15 CASH _____ \$15 CHECK NO. _____

_____ \$15.85 CREDIT/DEBIT CARD

CC# _____ EXP _____ / _____ CSV _____ Zip _____

MAKE CHECKS OUT TO NMEC - - - FEE INCLUDED FOR CREDIT/DEBIT CARD TRANSACTIONS

Mail CEU application and check to North Mississippi Education Consortium

850 Insight Park Ave. Suite 253C, University MS 38677

Phone Numbers:

(662) 915-7763

(662) 915-7905

Fax – (662) 915-3790