

**Kentucky Association of Professional Educators**  
**National Board Mentorship Program Registration**

**Please complete and submit to the address listed below.**

Name: \_\_\_\_\_

Member: Yes No

District: \_\_\_\_\_

School: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Years Teaching Experience: \_\_\_\_\_

\_\_\_\_\_ Rank I      \_\_\_\_\_ Rank II

Certification Area (for National Board Certification): \_\_\_\_\_

What is your familiarity with the National Board Certification process:

\_\_\_\_\_ Take One! Participant

\_\_\_\_\_ submitted entries but have not yet reached certification level

\_\_\_\_\_ First time Candidate

Address: \_\_\_\_\_

Email (please provide both school and personal): \_\_\_\_\_

Phone: \_\_\_\_\_

KAPE

105 North Main Street, Suite B

London, KY 40741

\*You will be contacted once your information is processed.