



**Office of Instruction**

**Native American Language (NAL) Certification  
Competency Setting Committee**

**Nomination Form**

**Nomination form is due Wednesday, October 17, 2012**

**Instructions:** Please complete the application fully for consideration to be selected to serve on the Native American Language Certification Competency Setting Committee. If you are part of a school or university system, please complete the school district information section and the home information section. If you are applying as a private individual or are representing an organization, please complete the organization information section and the home information section. All sections must be completed as well as electronically signing the form. Once the application has been filled in completely, **you must save it** and then send it as an attachment if responding by email. You may also save the document, print, and fax it to 405-522-5779.

Last Name: [Click here to enter text.](#)      First Name: [Click here to enter text.](#)      MI: [Click here to enter text.](#)

School District: [Click here to enter text.](#)

School Site: [Click here to enter text.](#)

School Address: [Click here to enter text.](#)

Street/PO Box: [Click here to enter text.](#)

City: [Click here to enter text.](#)      State: [Click here to enter text.](#)      Zip Code: [Click here to enter text.](#)

School Email: [Click here to enter text.](#)      School Telephone Number: [Click here to enter text.](#)

Or

Organization name: [Click here to enter text.](#)

Organization Address: [Click here to enter text.](#)

Street/PO Box: [Click here to enter text.](#)

City: [Click here to enter text.](#)      State: [Click here to enter text.](#)      Zip Code: [Click here to enter text.](#)

Work Email: [Click here to enter text.](#)      Work Telephone Number: [Click here to enter text.](#)

Home Address: [Click here to enter text.](#)

Street/PO Box: [Click here to enter text.](#)

City: [Click here to enter text.](#)      State: [Click here to enter text.](#)      Zip Code: [Click here to enter text.](#)

Home Email: [Click here to enter text.](#)      Home Telephone Number: [Click here to enter text.](#)

Job Title: [Click here to enter text.](#)

**Association(s). Please check all that apply.**

- Public School (PK-12)
- Private School (PK-12)
- Higher Ed
- Professional Organization Representative
- Private Individual
- Tribal Member

**Please complete the following questions completely and fully.**

1. Why do you want to serve on the NAL Certification Competency Setting Committee? What experience(s) do you have in world language education or Indian education?

Click here to enter text.

2. What do you feel are the most valuable skills needed to teach a NAL?

Click here to enter text.

3. What is your vision for NAL revitalization efforts?

Click here to enter text.

4. What are the critical areas of NAL education you think should be addressed during the review process?

Click here to enter text.

5. If you are a private individual or you are representing an organization, please explain how your experiences will enhance the development of NAL competencies?

Click here to enter text.

### **Committee Meeting Dates**

**Tuesday, October 23, 2012; 9-4 pm**  
**Tuesday, October 30, 2012; 9-4 pm**  
**Tuesday, November 6, 2012; 9-4 pm**

All meetings are planned to be held at the Oklahoma State Department of Education, 2500 North Lincoln Boulevard, Oklahoma City, OK 73105-4599.

For further information on the NAL Certification Competency Setting Committee, please contact Desa Dawson, Director of World Language Education at [Desa.Dawson@sde.ok.gov](mailto:Desa.Dawson@sde.ok.gov), (405) 521-3035 or Dwight M. Pickering, Director of American Indian Education at [Dwight.Pickering@sde.ok.gov](mailto:Dwight.Pickering@sde.ok.gov), (405) 522-1591.

## Acknowledgements

I understand that completing this application does not guarantee my selection to serve on the NAL Certification Competency Setting Committee. I further acknowledge that if selected to serve I will abide by any non-disclosure agreement and rules of procedure by which the committee would operate.

Signature: [Click here to enter text.](#)  
(Electronic signature is permitted)

Date: [Click here to enter text.](#)

If you are selected to serve on the committee, you will be notified by Friday, October 19, 2012. Our first meeting will take place the following week on Tuesday, October 23, 2012. Thank you for your application.

**BE SURE TO SAVE THE DOCUMENT  
BEFORE SENDING AS AN ATTACHMENT TO EMAIL  
OR FAXING!!!!**