



Please email as a Word or PDF attachment to certificateprograms@sewingprofessionals.org
Or mail to VP of Certificate Programs
PO Box 897, Higley AZ 85236

Master Certification Program Evaluator Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
City State ZIP Code

Phone: (____) _____ E-mail Address: _____
Required by the treasurer before reimbursements are made.

Date Available: _____ Social Security No.: Not required at this time.

Position Applied for: *Please check the module(s) you would like to be considered for the position of evaluator.*

Design	<input type="checkbox"/>	Garment Construction	<input type="checkbox"/>
Fabrics	<input type="checkbox"/>	Pattern Development	<input type="checkbox"/>
Fashion Illustration	<input type="checkbox"/>	Professional Practices	<input type="checkbox"/>
Fit	<input type="checkbox"/>		

Education

College or trade school: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Please list any other specialty classes or advanced training you have. Attach a separate sheet if necessary.

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Previous Experience

Please list any experience that would demonstrate your expertise in the field you have shown interest in evaluating. Include any chapter or academic evaluation teams you have worked with including the time frame. Attach a separate page if necessary.

Additional Notes:

Please note any other information you think we need to know to make our decision. Attach a separate page if necessary.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to my selection as an evaluator for the Master Certification Program, I understand that all evaluations must be kept confidential to protect the privacy of Association members and insure fair and unbiased jurying of all modules.

Signature:

Date: