

**American Library Association  
American Association of School Libraries (AASL)  
National Council for Accreditation of Teacher Education (NCATE)**

**PROGRAM REVIEWER APPLICATION**

**Circle one:** Mr. Ms. Dr. **Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Contact Information**

**Preferred Mailing Address:**

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

**Experience**

**Current Employer:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Previous:**

**Employer:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Check all that apply:    ? Adjunct faculty    ? Dean    ? Faculty    ? Practitioner

**Education** Highest Degree earned: \_\_\_\_ Year: \_\_\_\_ Institution: \_\_\_\_\_

Field: \_\_\_\_\_

**Other relevant experience (in education or accreditation):** \_\_\_\_\_

\_\_\_\_\_

**Ethnicity** To help meet programs' diversity needs, please circle all that apply  
(US Census Bureau based categories):

African-American    American Indian/Alaskan Native    Asian/Pacific Islander    Hispanic    Latino

I am aware that this is a volunteer activity. If asked to review, I agree to:

- Participate in training sessions and reviewer evaluation activities
- Complete program reviews in advance of deadlines assigned by the folio coordinator and/or the review team chair
- Keep all information discussed confidential

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return this completed form with your most current vita to:** Fax (312) 280-2433 (no cover required) or mail to: Office for Accreditation (40 E., 4<sup>th</sup> Fl.), American Library Association, 50 East Huron St., Chicago, IL 60611-2795