



Dear Prospective Applicant,

Thank you for your interest in TTI's Learning Disabilities Teacher Certification (LDTC) Program in conjunction with Felician University.

Completing this information sheet is the first step in the application process. Upon receipt of this form, TTI will provide you with directions on how to submit your online application and documents to Felician. You will be required to submit official transcripts of your

- Master's Degree in Education
- Certification in Education
- 3 years teaching experience (you can start the program with less, but certification will not be conferred until the 3 years are completed)

Upon receipt of all admissions requirements, Felician will admit each student to the university and you will be given access to enrollment.

**Applications will be accepted for our Fall 2021 cohort until August 30, 2021
Classes begin October 2021**

Please submit the attached paperwork via email to:

Mrs. Rivka Stein

rivka.stein@consulttti.com

Upon receipt of this paperwork, your credit card will be charged a non-refundable \$100 application fee. Program fees will be outlined in the program acceptance letter.

If you have any additional questions regarding the LDTC program call 877.RING.TTI or e-mail rivka.stein@consulttti.com

We look forward to hearing from you.

Respectfully,

Rivka Stein

LDTC Program Director

CAREERS WITHOUT COMPROMISE

877.RING.TTI • INFO@CONSULTTTI.COM

5120 19TH AVENUE, #3D • BROOKLYN, NY 11204 • WWW.TESTINGANDTRAINING.COM



LEARNING DISABILITIES TEACHER CERTIFICATE APPLICATION FOR ADMISSION

Please complete the entire application. An incomplete application may not be considered for review.

Part 1: GENERAL INFORMATION	
Full Name (Last, First, Middle):	Maiden Name (if applicable):
Date of Birth:	Citizenship Status (Check One)/SS#: <input type="checkbox"/> U.S. Citizen Last 4 digits of SS#: <input style="width: 80px;" type="text"/> <input type="checkbox"/> Other Status Describe: _____ _____
Legal Address:	
Street Address:	City, State, Zip Code:
Mailing Address:	
Street Address:	City, State, Zip Code:
Home Contact #:	Cell Phone #:
Legal Name (if different from above):	Are you applying for financial aid? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address:	Type of Applicant (Check One): <input type="checkbox"/> New Applicant <input type="checkbox"/> Re-Applicant Year(s) applied: _____

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Part 2: EDUCATION EXPERIENCE

Please list all high schools, seminaries, and previous colleges attended.

Full Name of Educational Institution:	City/State:	Start Date:	End Date:	Degree/Diploma:	GPA:

Part 3: PAYMENT

STUDENTS MUST PAY A \$100 APPLICATION FEE.

Method of Payment (Check One):

- Personal Check (Included in submission package. Checks are payable to TTI.)
- Credit Card – Information completed below

Credit Card Type (Check One):

- VISA American Express
- MasterCard Discover

Cardholder Name:

Card Number:

Expiration Date:

Security Code (CVV2):

Billing Address:

PART 4: APPLICATION SIGNATURE

I, the undersigned, have read, understand, and agree to abide by the application instructions and required guidelines for application submission. I understand an interview may be required for acceptance into this program before a final determination is made.

Applicant Signature:

Date: