

Application for NON-CREDIT Portfolio Review For the Connecticut Directors Credential

Mail to: Charter Oak State College, 55 Paul J. Manafort Drive, New Britain, CT 06053-2142

Last Name	First	MI	Date Submitted	
No. & Street		City		State
Home Phone	Work Phone	Cell Phone		
Email				

Indicate number of portfolio assessments requested

<p>Please check <u>one</u></p> <p><input type="checkbox"/> 1 competency area = \$187.00</p> <p><input type="checkbox"/> 2 competency areas = 267.00</p>	<p><input type="checkbox"/> 3 competency areas = 347.00</p> <p><input type="checkbox"/> 4 competency areas = 427.00</p>
<p>Payment by <u>Check Only</u> Payable to Charter Oak State College \$ _____ (amount enclosed)</p> <p>Indicate if <input type="checkbox"/> Personal Check or <input type="checkbox"/> Third Party Payment from: _____</p> <p style="text-align: center;">Mail Payment to: Charter Oak State College Attn: Maureen Hogan 55 Paul Manafort Drive New Britain, CT 06053</p>	

Please indicate which competency or competencies your portfolio(s) covers

<p><input type="checkbox"/> Administration (survey) course – not recommended – only approved under special circumstances:</p> <p>_____</p>
<p><input type="checkbox"/> Portfolio meets Personnel Management Competency requirement</p> <p>_____</p>
<p><input type="checkbox"/> Portfolio meets Budget/Fiscal Management Competency requirement</p> <p>_____</p>
<p><input type="checkbox"/> Portfolio meets Leadership Skills Competency requirement</p> <p>_____</p>
<p><input type="checkbox"/> Portfolio meets Child-Family-School-Community Competency requirement</p> <p>_____</p>

THREE COPIES OF EACH PORTFOLIO ARE REQUIRED