

# Curriculum Management Solutions, Inc.



## *Curriculum Management Auditor Licensure Program*

### **Registration Level III Audit Training: Curriculum Auditor Data Gathering and Audit Writing**

### **Application Information and Form for Potential Applicants for Level III Auditor Training**

**Training Dates: TBD**

**Curriculum Management Solutions, Inc.**

**5619 NW 86<sup>th</sup> Street, Suite 500**

**Johnston, Iowa 50131**

**Phone: 515-276-8911 Toll Free: 877-276-8911**

**Fax: 515-276-8912 Email: [cmsi@curriculum.bz](mailto:cmsi@curriculum.bz)**

**Website: [www.curriculumsystems.com](http://www.curriculumsystems.com)**

**Application Process**  
**Licensure Program Training**  
**ALL COMPLETED APPLICATION ARE DUE BY**  
**December 19, 2016**

**Purpose:**

To put forward the procedures and materials used to admit individuals who complete Curriculum Management Improvement Model Training Levels I & II and who wish to apply for Curriculum Management Auditor Level III training (Licensure Program)

**Procedural Steps:**

1. Applicant must satisfactorily complete all training days and requirements of Levels I & II. (Must document this on the application form).
2. Applicant must complete the CMSI, Inc. Application for Curriculum Management Auditor Training (See Attached Application)
3. The following items are sent to CMSi for recording and checking for:
  - a. The completed application form,
  - b. Two current letters of recommendation,
  - c. An up-to-date copy of the applicants Curriculum Vitae
  - d. A copy of an original article or other substantive written product written by the applicant in the last five years,
  - e. And an application nonrefundable check for **\$25.00** made out to CMSi. This processing fee is used to support the registration process.
4. CMSi sends all applications to a reviewer appointed by the Board of Trustees, who reviews all materials and evaluates the application for adequacy and adherence to the guidelines.
5. If determined to be adequate to the reviewer, the applicant is eligible to take the qualifying examinations (2 each – one essay, one objective).
6. **The time and date of the qualifying examination will be approximately one month prior to the training date.** Each eligible applicant will receive **by email** the objective and essay exercises at 7 am on a Friday, (in their time zone) and will have **120 minutes** to complete the examination and email it back to CMSi.
7. The examination responses must be emailed to CMSi as an attachment to enable electronic filing and reproduction of the document.
8. The reviewer reviews the two examinations within 72 hours and sends feedback to the applicant and to CMSi.
9. Once CMSi receives notification of the results, successful applicants are notified that they may register for the Level III auditor licensure program. Information about the training program is also furnished.
10. Registration for Level III Audit Training is handled exclusively by the CMSi headquarters office in Iowa (see address on page 1).

**Directions: Please complete all information requested below and on reverse side:**

Item	Individual Information
Salutation	<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:
First Name	
Middle Initial	
Last Name	
Nick Name	
Email Address	
Tax ID (or SS) Number	
Position Title	
Institution/Organization	
Home Address**	
Home City	
Home State	
Home Zip	
Home Phone	
Home Fax	
Daytime Phone	
Daytime Fax	
Training Location/Date*	<p><b>LEVEL 1. MSA-CA:</b>  <b>Location:</b> _____ <b>Date:</b> _____</p> <p><b>LEVEL 2. MSA-SF:</b>  <b>Location:</b> _____ <b>Date:</b> _____</p>
Content Area Specializations	<input type="checkbox"/> Reading/Language Arts <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Studies <input type="checkbox"/> Special Educ. Other(s): _____
Languages Spoken	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Other:

\*MSA-CA: *Maximizing Student Achievement with Curriculum and Assessment Design and Delivery*

MSA-SF: *Maximizing Student Achievement with System Factors of Policy, Planning, Organization, Budgeting, and Environments*

\*\*Notice: CMSi prefers using only home addresses and phone/email for communication with auditing personnel in order to prevent any potential conflict of interest resulting from use of an employment organization's resources for individual use or personal benefit.

Enclosed is my application fee of \$25.00 (Nonrefundable fee – please make checks out to CMSi) Please send me information about the diagnostic assessment requirements for enrollment in the third level training program, *Curriculum Management Auditing: Licensure Program*. I understand and accept that eligibility for admission to the training program is contingent upon my demonstrated qualifications and skills and that admission to the curriculum management audit licensure program is at the sole discretion of CMSi in accordance with policies and regulations of CMSi

Date Submitted: \_\_\_\_\_

**Please complete information on reverse side.**

**Other Required Information:**

Please list your three most recent employment positions and dates of service:

Organization	Position Title	Dates of Service

Please list major professional and academic training completed:

Institution	Degree	Date

Please attach the following required items to this application:

- Two current letters of recommendation that include references to your background and experience in curriculum design and delivery (one from a current or former supervisor and one from a professional colleague)
- An up-to-date copy of your Curriculum Vitae (Professional Resume).
- A copy of an original article or other written product that demonstrates your *individual* professional and scholarly writing capabilities and competency (reports, theses, editorials, articles, etc.).

**Processing Information:**

Once the application information is received, a representative of CMSi will contact applicants. Arrangements will be made for completion of the diagnostic instrumentation. Successful completion of the diagnostic information will result in an invitation to register for the curriculum management audit licensure program. Please complete all sections of this form, sign it on page 1, and mail, fax, or email to the address below.

**Mailing Information:**

- Email or fax this form and attached materials to:**

**Curriculum Management Solutions, Inc.**  
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 Johnston, Iowa 50131 USA  
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