

Mathematics Education Program Report Reviewer Application

Instructions: Please complete the form in its entirety and email to icruzwhite@comcast.net.

Title Applicant Name:

Institution:

Current Position/
Responsibilities:

Work Address:

City: State/
Providence: Zip/Postal
Code

Work Phone: Alternate
Phone:

Fax Number:

Email Address:

Alternate Email

NCTM Member #:

Please briefly describe your knowledge and experience working with the Principles and Standards for School Mathematics and/or the Program Standards for Preparing Mathematics Teachers.

Have you had experience serving as a reviewer for any of the following? Check all that apply.

State Accreditation

NSF Grants

National Board for
Professional Teaching
Standards

Department
of Education
Grants

Other

If "other", please specify:

Why are you interested in becoming a Program Reviewer?

Please name two references with their phone and email information:

Reference 1:

Reference 2:

Please attach a 2-3 page curriculum vita that includes experience relevant to program review and/or teacher education.

Optional Section:

NCTM encourages broad participation in its activities. We appreciate your providing this voluntary information.

Gender

Race/Ethnicity

If "other" please specify: