



APPLICANT INFORMATION		
Name:		
Date of birth:	Email:	Phone:
Current address:		
City:	State:	ZIP Code:
SCHOOL OR DISTRICT INFORMATION		
Current work site:		
Address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Program Area:	
COURSE INFORMATION		
Course Title:	Start Date:	Internet Service Provider:
Ever taken/taught an online course?		
Have you used a learning management system in the past?	If yes, which one (Blackboard, WebCT, Desire2Learn, etc):	
SIGNATURE		
I understand that all materials produced in this course may be used in future FACTE trainings, presentations and resource pages and my signature below serves as my authorization for them to share my materials in this manner. I have retained a copy of this application. Please fax signed application to <b>(850) 878-5476</b> .		
Signature of applicant:		Date:
Signature of administrator:		Date: