

## RDA PRACTICAL EXAMINER APPLICATION

DATE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

FULLNAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_ (      )

HOME PHONE NUMBER: \_\_\_\_\_ (      )

RDA LICENSE NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

YEARS OF RDA PRACTICE: \_\_\_\_\_ YEARS OF DA PRACTICE: \_\_\_\_\_

EDUCATION DEGREES, IF ANY: \_\_\_\_\_

TEACHING EXPERIENCE, IF ANY: \_\_\_\_\_

Describe the type of RDA duties currently performed, and the approximate percentage of time spent performing each of these duties listed:

Describe the reason(s) you are interested in becoming a RDA Examiner:

**NOTE:** This application must be accompanied by a resume, and two (2) letters of recommendation, one of which must be from your current employer.