



**Professional Learning  
Program Cadre  
Application Booklet  
2016-2017**

# **The Nevada Collaboratory**

## **Professional Learning Program Cadre Application**

### Purpose of the Professional Learning Program (PLP) Cadre

The Nevada Collaboratory will develop a Professional Learning Cadre composed of educators who take a lead role in developing and delivering professional learning to educators and licensed professional. Cadre members will be compensated for facilitation as outlined within The Nevada Collaboratory PLP (NC-PLP) Cadre contract.

### Specific Duties and Responsibilities:

- Take on various teacher leadership roles as a member of the NC-PLP Cadre that include leading/facilitating professional development classes, attending to adult learning needs, sharing responsibility for group goals/outcomes, and co-creating a collaborative community that communicates well;
- Develop/review and lead professional learning opportunities;
- Prior to each assigned professional learning activity, participate with cadre team in formal pre-assessment and planning session; after each assigned activity is completed, participate in formal debrief session with your team members;
- Attend a three-hour NC-PLP Cadre training each year.

### NC PLP Cadre Qualifications:

- Documented history, both independently and collaboratively, of developing and presenting professional learning opportunities that foster meaningful learning;
- Strong facilitation skills;
- Experience leading adult and knowledge of adult learning theory;
- Teacher leadership experiences such as leading professional learning communities, conducting action research, facilitating collaboration among teachers and administration;
- And support from applicant's school leader to engage in this work with Nevada Collaboratory and CCEA.

### Knowledge, Skills, Dispositions:

- Shares values of the responsibility of educators as facilitators in students' learning;
- Belief in students as knowledge seekers and constructors of their own knowledge, and the role the educator/licensed professional as a collaborator with our community and families in developing a balanced and valued system;
- Understanding of the benefit of local, collaborative design and belief in collaborative outcomes;
- Knowledge and success with student learning;

- Shared vision about local and state education associations also being professional organizations focused on practice and supporting educators in their craft;
- Belief in culturally responsive practices as vital to a healthy, socially just education system.
- Be a member of CCEA.

### **Instructions for Application**

Members desiring to become Nevada Collaboratory Professional Learning Program (NC-PLP) cadre members should submit the following (use additional sheets if necessary):

- A completed application packet, including:
  - **The name and contact information for three references** from individuals, excluding relatives, who have knowledge of the applicant’s qualifications as a teacher leader/trainer.
  - A signed statement of support from applicant’s principal or supervisor.
  - An essay that responds to the following questions:
    - What are your teacher leadership and/or professional learning experiences?
    - What is your vision of empowering meaningful educator/licensed professional learning?
    - How has your teacher leadership impacted the capacity of fellow educators to deepen their education practice?
    - Why did you apply to be a NC-PLP cadre member and how will you be an asset?
- Submit one example of a professional learning opportunity you **created and delivered**. Must include all materials (visuals, handouts, PowerPoint, etc.).
- A copy of your resume.

**For any questions regarding the content of this application, please contact:**

Brenda Pearson, [bpearson@ccea-nv.org](mailto:bpearson@ccea-nv.org)  
 Grace Angel, [plpncollaboratory@gmail.com](mailto:plpncollaboratory@gmail.com)

Mail or email the required forms to CCEA by **Monday, October 10, 2016 by 5:00 pm.**

**Mail or email the application materials to:**

Brenda A. Pearson  
 Director of Professional Learning  
 Clark County Education Association  
 4230 McLeod Drive  
 Las Vegas, NV 89121  
 Email: [bpearson@ccea-nv.org](mailto:bpearson@ccea-nv.org)

**Application and Selection Schedule** (all applicants: please save dates below):

**Monday, October 10, 2016:** Applications due

**Friday, October 14, 2016:** Interviews (in person or via technology, i.e. Skype, FaceTime or GoToMeeting)

**Week of October 17, 2016:** NC-PLP cadre members notified

**Oct. 24-27, 2016:** Attend a three-hour NC-PLP cadre training.

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# Nevada Collaboratory Professional Learning Program Cadre Application

*Please type or print*

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last First

Address: \_\_\_\_\_

Street Address Apt/Unit #

City State Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Schools in which you currently work or have previously worked:

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Ethnicity (optional): \_\_\_\_\_

Gender (optional): \_\_\_\_\_

Describe education background:

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Fluency in languages other than English:

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**References:**

*Please list three professional references.*

1. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Organization: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
                    Street Address                      City                      State                      Zip Code  
Email Address: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Organization: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
                    Street Address                      City                      State                      Zip Code  
Email Address: \_\_\_\_\_

3. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Organization: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
                    Street Address                      City                      State                      Zip Code  
Email Address: \_\_\_\_\_

**Leading/Facilitating Professional Learning:**

*Please list professional learning (PL) experiences in which you were the facilitator (list only experiences with adult learners).*

1. Type of PL: \_\_\_\_\_ Year: \_\_\_\_\_  
Sponsor: \_\_\_\_\_  
Description: \_\_\_\_\_  
\_\_\_\_\_

2. Type of PL: \_\_\_\_\_ Year: \_\_\_\_\_  
Sponsor: \_\_\_\_\_  
Description: \_\_\_\_\_  
\_\_\_\_\_

3. Type of PL: \_\_\_\_\_ Year: \_\_\_\_\_  
Sponsor: \_\_\_\_\_  
Description: \_\_\_\_\_  
\_\_\_\_\_

4. Type of PL: \_\_\_\_\_ Year: \_\_\_\_\_  
Sponsor: \_\_\_\_\_  
Description: \_\_\_\_\_  
\_\_\_\_\_

**Education or Training in Subject Matter:**

*Please identify any educational courses or trainings that you have taken:*

1. Type of Training: \_\_\_\_\_ Year: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Description: \_\_\_\_\_

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2. Type of Training: \_\_\_\_\_ Year: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Description: \_\_\_\_\_

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3. Type of Training: \_\_\_\_\_ Year: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Description: \_\_\_\_\_

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4. Type of Training: \_\_\_\_\_ Year: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Description: \_\_\_\_\_

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**Applicant Statement:**

*In the space below or on another sheet of paper, please write a brief statement in response to the following questions:*

What are your teacher leadership and/or professional learning experiences? What is your vision of empowering meaningful educator/licensed professional learning? How has your teacher leadership impacted the capacity of fellow educators to deepen their education practice? Why did you apply to be a NC-PLP cadre member and how will you be an asset to the team?

**Statement of Support:**

I, \_\_\_\_\_, in the capacity of supervisor for this applicant, support this application to become a NV-PLP Cadre member.

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Signature

Title

**Disclaimer and Signature:**

If I am selected as a NV-PLP Cadre member, I agree to be available for meeting dates, and place priority in my schedule for NV-PLP events. I also understand that if I am selected, I become a independent contractor for NV-PLP.

I certify that my answers are true and complete to the best of my knowledge. If this application leads to my selection for the NV-PLP Cadre, I understand that false or misleading information in my application can result in my release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail or email the required forms to CCEA by **Monday, October 10, 2016 at 5:00 pm**

**Mail or email the application materials to:**

Brenda A. Pearson  
Director of Professional Learning  
Clark County Education Association  
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