

TECTA Orientation Enrollment Form

Center Of Excellence for Learning Sciences

Fall-2 2025

Complete this form and mail or fax to: Tennessee Technological University TECTA 715 Quadrangle Oakley Hall 228 Cookeville, TN. 38505	Phone: (931) 372-6561 Fax: (931) 372-6562	Failure to complete all information on this form will result in your application not being processed.
92251 Administrator 92252 Center Based (R) 92250 Infant/Toddler	rsity - Online, Section 01, Putnam Main Campus, Section 01, Putnam Main Campus, Section 01, Putnam	
Name: Last	First	Middle
Social Security Number	Gender □ Male	□ Female
Citizenship: ☐ United States ☐ Other	E-mail	Date Birth//
Ethnicity: □Hispanic □Non	-Hispanic	
Race: □Asian Pacific Islander □Blac	k Native American Indi	an/Alaska Native □Other
☐ Two or more races ☐ Whit	e	
Home Address		
City	State	Zip
Home County	Home Phone ()	Cell Phone ()
Emergency Contact Person	Phone	(
Your Place of Employment		County where you Work
Work Address		
City	State	Zip
Name of Director: Last.	First	
Phone (Fax (E-mail	
Agency Type		☐ Family ☐ Group Home ☐Unregulated
I understand that I am enrolling in a 30-hour clar responsibility to let the TECTA office know is participate in a professional manner. If at any tin I will not receive credit for that module. I under the orientation that will meet the needs of the ch	I choose to not attend the class. ne my behavior is inappropriate, the stand each orientation is designed to	I further acknowledge that I am willing to the trainer has the right to ask me to leave and
Signature		Date
NOTICE: If you have changed your name ar fill out a TECTA Student Change of Infor		



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The TECTA program is funded through a contract with the Tennessee Department of Human Services and Tennessee State University, Center of Excellence for Learning Sciences.

