

# APPLICATION FOR THE TITLE OF CONSERVATIVE JEWISH EDUCATOR

NAME: \_\_\_\_\_

POSITION CURRENTLY HELD: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

TELEPHONE/FAX: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

## EDUCATION

### SECULAR

Please provide an official transcript from each academic institution attended and a copy of each degree/certificate earned if you did not already submit these documents as part of your application for JEA membership.

College	City/State/Province	Degree	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### JEWISH

Please provide an official transcript from each academic institution attended and a copy of each degree/certificate earned if you did not already submit these documents as part of your application for JEA membership.

College	City/State/Province	Degree	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## EXPERIENCE IN JEWISH SETTINGS

For each position listed, please attach a separate sheet describing your duties.

### TEACHING OR GROUP WORK

Title: \_\_\_\_\_ Institution Name: \_\_\_\_\_

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

Dates (from-to): \_\_\_\_\_

Title: \_\_\_\_\_ Institution Name: \_\_\_\_\_

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

Dates (from-to): \_\_\_\_\_

### SUPERVISION/ADMINISTRATION

Title: \_\_\_\_\_ Institution Name: \_\_\_\_\_

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

Dates (from-to): \_\_\_\_\_

Title: \_\_\_\_\_ Institution Name: \_\_\_\_\_

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

Dates (from-to): \_\_\_\_\_

Title: \_\_\_\_\_ Institution Name: \_\_\_\_\_

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

Dates (from-to): \_\_\_\_\_

## SUPERVISED INTERNSHIP IN EDUCATION OR GROUP WORK IN A JEWISH SETTING

For each institution, please provide the information requested and a brief description of duties and responsibilities. If you need additional space, please enclose a separate sheet.

*(This qualification is typically part of a MAJE program or other academic degree-granting programs. In service professionals can fulfill this requirement through an approved, formal, documented supervision process.)*

Name of Supervising Institution \_\_\_\_\_  
City/State/Province \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Supervisor's Position or Title: \_\_\_\_\_  
Place you worked while in Supervised Internship: \_\_\_\_\_  
Total number of hours of Supervised Internship at above: \_\_\_\_\_ From-To: \_\_\_\_\_  
Duties during Supervised Internship:

Name of Supervising Institution \_\_\_\_\_  
City/State/Province \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Supervisor's Position or Title: \_\_\_\_\_  
Place you worked while in Supervised Internship: \_\_\_\_\_  
Total number of hours of Supervised Internship at above: \_\_\_\_\_ From-To: \_\_\_\_\_  
Duties during Supervised Internship:

**PARTICIPATION IN JEA CONFERENCES OR PROGRAMS,  
CONTRIBUTIONS TO THE FIELD OF CONSERVATIVE  
JEWISH EDUCATION**

Please attach an annotated list of participation in JEA conferences or programs, contributions to the field of Conservative Jewish education, and/or continued academic learning.

**CJE CANDIDATE'S AGREEMENT**

It is my understanding that the information in this application and all attached or subsequent material thereto will be held as confidential by the CJE Title Granting Commission.

I am a member in good standing of the:

- \_\_\_ Jewish Educators Assembly (Year of Admission \_\_\_\_\_)
- \_\_\_ Rabbinical Assembly (Year of Admission \_\_\_\_\_)
- \_\_\_ Cantors Assembly (Year of Admission \_\_\_\_\_)
- \_\_\_ North American Association of Synagogue Executives (Year of Admission \_\_\_\_\_)

I am committed to the mission, vision, and values of the JEA

I agree to inform the CJE TITLE GRANTING COMMISSION Chairperson at least thirty (30) days prior to the date of my intent to attend the JEA Conference to receive my CJE Certificate after being notified that I have successfully completed the requirements.

I certify that all the answers given by me in this application are true and complete.

Name: \_\_\_\_\_

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

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

PLEASE MAIL THE ENTIRE APPLICATION, ALL DOCUMENTATION AND THE APPLICATION FEE (US \$36.00 NONREFUNDABLE) TO: DR. HARVEY RABEN, CHAIRPERSON, CJE TITLE GRANTING COMMISSION, CONGREGATION AGUDAS ACHIM, 7300 HART LANE, AUSTIN, TX 78731  
PHONE 512-735-8420 / EMAIL HARVEY.RABEN@CAA-AUSTIN.ORG  
PLEASE MAKE CHECK PAYABLE TO: JEWISH EDUCATORS ASSEMBLY