

Micro-Credential Purchase

Aurora University Alternative Principal Endorsement Program

EMAIL COMPLETED FORM TO:
eln@edleadersnetwork.org
Ed Leaders Network

1
Select your
Micro-Credential.

2
Email completed form
along with payment.
If paying with a PO,
include copy of PO.

3
Check your email
for access to the
Micro-Credential portal
(allow two
business days).

Select Your Micro-Credential(s) – \$250 each

- | | |
|---|---|
| <input type="checkbox"/> Assessing Student Learning and Growth | <input type="checkbox"/> Ensuring Accountability |
| <input type="checkbox"/> Communication Advocacy | <input type="checkbox"/> Evaluating Operational Systems Effectiveness |
| <input type="checkbox"/> Creating a Results-Oriented Learning Culture | <input type="checkbox"/> Exemplifying Ethical Behavior |
| <input type="checkbox"/> Driving Vision & Mission | <input type="checkbox"/> Managing Systems Logistics |
| <input type="checkbox"/> Fostering a Data Literacy Culture | <input type="checkbox"/> Meeting All Academic Needs |
| <input type="checkbox"/> Embedding a Culture of Student Centeredness | <input type="checkbox"/> Providing Effective Instruction |
| <input type="checkbox"/> Embedding an Ethical Work Culture | <input type="checkbox"/> Retaining and Developing Staff |

Number of Micro-Credentials _____ x \$250 = \$ _____

Please include the following information based on your place/school of employment.

Name _____ Phone _____
Preferred Email _____ IEIN (if applicable) _____
Billing Address _____ Billing City, State, ZIP _____
School Name* _____ School Email* _____

*Please complete for account verification purposes.

Payment information is required to process purchase:

Check # _____
Make payable to the Illinois Principals Association.

Purchase Order # _____
Send invoice to: District School

Billing Address _____

Credit Card # _____
 Visa MasterCard Discover American Express

Exp. _____ CVV _____

Cardholder's Name _____

Signature _____

Today's Date _____

