



SOUTH TEXAS

TRANSITION TO TEACHING

ALTERNATIVE CERTIFICATION PROGRAM

PROGRAM APPLICATION (PRINT OR TYPE)

STUDENT INFORMATION			
Name: (LAST, FIRST M.)			Maiden:
DOB: (MM/DD/YYYY)	SSN:	Phone:	<input type="checkbox"/> Cell <input type="checkbox"/> Landline
Msg. Phone:	<input type="checkbox"/> Cell <input type="checkbox"/> Landline	Place of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Current address:			Apt:
City:		State:	Zip:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Legal Status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Currently Applying <input type="checkbox"/> No Status			
Ethnicity: <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African-American <input type="checkbox"/> Native-American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____			
Are you fluent in (select all that apply): <i>Read, Write & Speak</i>		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese (Mandarin or Cantonese) <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Hindi/Urdu <input type="checkbox"/> Portuguese <input type="checkbox"/> Tagalog <input type="checkbox"/> Other _____	
E-Mail (NO school/university email addresses):			
How did you hear about SoTex-ACP ? <input type="checkbox"/> Family or Friend <input type="checkbox"/> Staff/Employee <input type="checkbox"/> Internet <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> TV Commercial <input type="checkbox"/> Other			
(Gray Section For OFFICE USE ONLY) Referred by:			
Certification Area(s) Desired:			
Have you ever been applied to or enrolled in another educator preparation or alternative certification program? <input type="checkbox"/> NO <input type="checkbox"/> Yes (Explain below) <input type="checkbox"/> Not Sure			
Previous Program:			Ph:
Date Enrolled:	Have you completed a transfer form ? <input type="checkbox"/> Yes <input type="checkbox"/> NO		
Reason for transfer:			
Do you have a Texas Educator Association (TEA) number? <input type="checkbox"/> NO <input type="checkbox"/> Yes _____ <input type="checkbox"/> Not Sure			
Have you ever held a Texas Emergency Permit or Probationary Certification? <input type="checkbox"/> NO <input type="checkbox"/> Yes (Please explain below)			
Certification Area(s):			
Date(s):		ISD(s):	
Have you been fingerprinted for employment in a Texas school? <input type="checkbox"/> NO <input type="checkbox"/> Yes Date? _____			
Have you ever taken an EXCET or TExES? <input type="checkbox"/> NO <input type="checkbox"/> Yes		PACT? <input type="checkbox"/> No <input type="checkbox"/> Yes (Attach scores separately if needed)	
Content(s):		Score(s):	Date(s):
Have you ever taken the TOEFL-iBT? <input type="checkbox"/> NO <input type="checkbox"/> Yes (please complete information below)			
Oral/Verbal Score:		Date:	
EMERGENCY CONTACT			
Name:			Relationship:
Address:			Phone:
City:		State:	Zip:
Applicant Medical Condition(s):			

CURRENT EMPLOYMENT INFORMATION

Employer:

Employer address:

City:

State:

Zip:

Phone:

Employment Dates:

Position:

 Part-time Full-time Temporary

Duties:

EDUCATION

Granting Institution:

Major:

Minor:

 Associate's Bachelor's Master's PhD Other _____

Cumulative GPA:

Granting Institution:

Major:

Minor:

 Associate's Bachelor's Master's PhD Other _____

Cumulative GPA:

Granting Institution:

Major:

Minor:

 Associate's Bachelor's Master's PhD Other _____

Cumulative GPA:

 OFFICIAL TRANSCRIPT(S)**Please include your complete college and/or university transcript history. Incomplete or unofficial transcripts will not be accepted and may impede your certification process.**

(Gray sections for OFFICE USE ONLY)

DATE CONFERRED: _____ or
ANTICIPATED GRADUATION DATE _____ **ESSAY****APPLICANT: Please provide a TYPED essay on ONE of the following topics :**

- Explain how a school experience (positive or negative) has had a lasting effect on your life.
- "Why do I want to become a teacher?"

ESSAY PARAMETERS: Times New Roman / 12 size font / Double spaced / Black ink only / 1in margins / 500 word minimum**PROOF OF PROFICIENCY**TASP/THEA
Scores:

Reading

Math

Writing

 EXEMPT (Please explain below):

ACT/SAT Composite Score:

 EXEMPT (Please explain below):**PERSONAL REFERENCES**

(Do not list family or relatives)

Name:

Phone:

Address:

Relationship:

Occupation:

Name:

Phone:

Address:

Relationship:

Occupation:

Name:

Phone:

Address:

Relationship:

Occupation:

**EMPLOYMENT HISTORY AND RÉSUMÉ
(FOR THE LAST FIVE YEARS)**

APPLICANT: PLEASE INCLUDE A PROFESSIONAL RESUME WITH THIS APPLICATION.

Employer:

Employer address:

City: _____ State: _____ Zip: _____

Phone: _____ Employment Dates: _____

Position: _____ Part-time Full-time Temporary

Duties:

Reason for leaving:

Employer:

Employer address:

City: _____ State: _____ Zip: _____

Phone: _____ Employment Dates: _____

Position: _____ Part-time Full-time Temporary

Duties:

Reason for leaving:

Employer:

Employer address:

City: _____ State: _____ Zip: _____

Phone: _____ Employment Dates: _____

Position: _____ Part-time Full-time Temporary

Duties:

Reason for leaving:

CLASSROOM EXPERIENCE

Have you ever worked as a substitute or teacher aide/paraprofessional? No Yes

School district? _____ Dates of employment? _____

Grades: _____ Are you certified as a teacher aide or paraprofessional? No Yes

Describe any VOLUNTEER experience you may have:

Dates: _____

Describe any TUTORIAL experience you may have:

Dates: _____

VALID PHOTO IDENTIFICATION

*In order to better serve you and maintain the confidentiality of your certification information, we ask for a photocopy of your valid picture ID. Your information will remain private and only be accessed by SoTex-ACP Staff, the State Board for Educator Certification and the Texas Education Agency. This information, under no circumstances, will be shared, sold or distributed to any third party without your explicit permission. Failure to provide a valid picture ID, to **SoTex-ACP, LLC**, may result in a delay of your certification process.*

CRIMINAL HISTORY

(Answering YES, to these questions does not constitute an automatic bar to ACCEPTANCE.)

Have you ever pleaded GUILTY or NO CONTEST to, and/or been convicted of any crime? No Yes
If you answered, "Yes," please explain (use a separate sheet of paper if necessary):

Dates: _____ **State:** _____



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PLEASE INITIAL BELOW	<u>PLEASE READ THE FOLLOWING CAREFULLY</u>
	I understand that submission of this application does not obligate South Texas Transition to Teaching-ACP, LLC (SoTex-ACP, LLC) to any legal contract or acceptance into this program. <u>I also understand that all application materials, once submitted, become the property of SoTex-ACP, LLC and cannot be returned or transferred.</u>
	I hereby authorize SoTex-ACP, LLC to investigate, through whatever means deemed appropriate, any information included in this application. The facts and information resulting from an investigation can and will be used by SoTex-ACP, LLC to determine my suitability for admittance into the program. I hereby release SoTex-ACP, LLC from any liability in connection with the investigation and any results of that investigation.
	I understand that to become employed in a Texas classroom, a criminal background check will be conducted by the <i>State Board for Educator Certification</i> and any information revealed will be stored in a criminal history clearing house and maintained by the <i>Texas Department of Public Safety</i> . I also understand that the results of this background check may affect my ability to become employed as a teacher intern or receive a probationary or standard teaching certificate.
	I agree to abide by all SoTex-ACP, LLC rules and regulations relating to class schedules, attendance and assessment requirements. Failure to attend classes, take the required exams and/or attend required program trainings, can and will result in my being dropped from the program without refund.
	I understand that it is necessary for candidates to attend all training sessions and that it is required that all candidates arrive on time and remain for the entire training/class period . I also understand that only an emergency situation (e.g., death in the immediate family, severe or unsafe illness, a major accident or natural disaster) will warrant my excusal from class and it is my responsibility and obligation to contact SoTex-ACP-LLC Staff and notify them of my absence. It know that it is my sole responsibility to verify class dates and times, so that I may attend all required classes/trainings. A schedule of program classes can be viewed at, www.sotexacp.com .
	I agree to the completion of the summer/fall <u>Pre-Service Institute</u> , which is required of all interns PRIOR to being recommended for a Probationary Certificate and/or a teaching position. Any deferral of this requirement will only be granted by senior SoTex-ACP, LLC Staff . A schedule of program classes can be viewed at, www.sotexacp.com .
	I understand that employees of SoTex-ACP, LLC are professionals and will be treated as such. If I conduct myself in a manner that is deemed rude, unprofessional or in any way threatening to the staff, I may face immediate dismissal from the program and allowed no refund. I understand that I am being prepared for a professional position by SoTex-ACP, LLC and I will behave as a professional at all times.
	I certify that all the information on this application is accurate. I understand that any false information or misrepresentations by omission, made by me on this application or any other program document, will be sufficient for rejection of my application or immediate program dismissal, without refund, should such falsifications or misrepresentations be discovered at any time after acceptance of my application.
I agree to abide by all policies, procedures, rules and regulations as set forth by South Texas Transition to Teaching-ACP, LLC. My initials above and signature below indicate that I fully understand my responsibilities to this entity and I agree to abide by them at all times. I understand that failure to do comply with program regulations, can and will result in my immediate program dismissal and forfeiture of all fees paid to South Texas Transition to Teaching, ACP-LLC.	

Printed Name (Student)

Student Signature

Date

Program Staff Signature

Date