

Huston-Tillotson University
Alternative Teacher Certification Program

Application

A non-refundable fee of \$100.00 must be submitted with the application. Write your social security number on the cashier's check or money order.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () Cell Phone: ()

Work Phone: () Email: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State: _____

Ethnicity: African American Asian/Pacific Islander Hispanic /Latino Native American White Other

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
 (Attach proof of permanent residence)

Previous Educator Preparation

Have you previously participated an educator preparation program (ACP or university)? YES NO If yes, when? _____

If yes, name of the program _____

If yes, results: _____

Do you possess a teaching certificate which is currently suspended, revoked, or pending such action in any state? YES No

Education

List all community colleges, junior colleges, colleges, and universities attended regardless of the number of credit hours earned.

From: _____ To: _____ Hours earned less transfer hours? _____ Degree: _____

School: _____

Address: _____ City, ST, Zip _____

From: _____ To: _____ Hours earned less transfer hours? _____ Degree: _____

School: _____

Address: _____ City, ST, Zip _____

From: _____ To: _____ Hours earned less transfer hours? _____ Degree: _____

School: _____

Address: _____ City, ST, Zip _____

References

Please list three professional references who will be completing the recommendation forms for you.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Certification Interest

Check the Alternative Certification Program for which you are applying. Please select only ONE program option.

General Education Certification: Early Childhood-6th Grade **OR** 4th-8th Grade

Special Education Certification: Early Childhood-6th Grade **OR** 4th-8th Grade

Single Subject Certification:

| | |
|---|--|
| <input type="checkbox"/> Social Studies 4-8 | <input type="checkbox"/> Science 4-8 |
| <input type="checkbox"/> Social Studies 8-12 | <input type="checkbox"/> Science 8-12 |
| <input type="checkbox"/> History 8-12 | <input type="checkbox"/> Physical Sciences 8-12 |
| <input type="checkbox"/> English Language Arts Reading 8-12 | <input type="checkbox"/> Life Sciences 8-12 |
| <input type="checkbox"/> Music EC-12 | <input type="checkbox"/> Mathematics 4-8 |
| <input type="checkbox"/> Physical Education EC-12 | <input type="checkbox"/> Mathematics 8-12 |
| <input type="checkbox"/> Technology Applications 8-12 | <input type="checkbox"/> Mathematics/Science 4-8 |
| <input type="checkbox"/> Computer Science 8-12 | |

Supplemental Certifications: English As A Second Language (ESL) Bilingual Education

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Criminal Background Check

Have you ever been charged with a crime (misdemeanor or felony) other than a traffic violation? YES No

If yes, list date(s) and describe charges, convictions, sentencing. _____

Previous Employment

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

How did you hear about the Huston-Tillotson University ATCP?

- HT ATCP web site
- From a colleague or friend
- Newspaper ad
- Radio ad
- State Board of Educator Certification (SBEC) web site
- School district personnel (teacher, administrator, HR, etc.)
- Other (please explain)

Disclaimer and Signature

Please read the following statements carefully:

- I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. I understand that any false statements, misrepresentations, or omissions made by me on the application or during the application process or which later prove to be false or incomplete shall result in sufficient cause for refusal to be admitted into the Huston-Tillotson University Alternative Certification Program (HT ATCP) or immediate dismissal from HT ATCP if accepted.
- I agree to abide by all HT ATCP testing and assessment requirements.
- I understand that I will be subject to a criminal background check by the State Board for Educator Certification before being issued a Probationary Teaching Certificate and by independent school districts and/or charter schools before being hired for an internship.
- I hereby authorize Huston-Tillotson University to investigate, through whatever means deemed appropriate, any information included in this application and facts resulting from the investigation unless otherwise noted. Huston-Tillotson University is also authorized to use any information obtained from its investigations to determine my suitability for entrance into HT ATCP. I release Huston-Tillotson University from any liability in connection with the investigation.
- I hereby authorize any former employers or any other persons given as references (unless otherwise noted) to answer any questions that may be asked.
- I understand that meeting eligibility requirements does not guarantee an interview or acceptance into HT ATCP.
- I understand that all documents submitted as part of the application process become the property of Huston-Tillotson University and are not returnable.
- I hereby authorize Huston-Tillotson University to release application information for employment purposes to local school districts. Information will be released only in response to school district inquiries.
- I understand that I am required to a \$2,000.00 fee for the Phase I training.
- I understand that there is no tuition refund if I am unable to meet the training requirements.
- I understand that I must submit a \$100 non-refundable application fee for my file to be considered.
- I understand that the submission and/or contents of this application are not intended to create any contractual or other legal rights and are designed solely as a guide for applicants to the Huston-Tillotson University Alternative Teacher Certification Program.

If accepted, I agree to abide by the policies, procedures, rules, and regulations of Huston-Tillotson University and the Alternative Teacher Certification Program.

Signature: _____ Date: _____

