

## Alternative Teacher Certification Program Application Checklist

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

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

TEAL# \_\_\_\_\_

	Required Documentation and Information
1	<a href="#">Application for HT Admission</a>
2	Application for HT ATCP
3	FERPA Consent to Release Educational Records and Information
4	HT Registrar's Directory Information Release
5	HT Student Data Form Alternative Teacher Certification Program Data Information (attached)
6	Photograph and/or Visual Image Release Form
7	Obtained TEA ID# -google TEAL and select TEA Login—create your TEA Account -type your account number above.
8	Official Transcripts from <b>every</b> college/university attended emailed to <a href="mailto:atcpadmission@htu.edu">atcpadmission@htu.edu</a> (All foreign transcripts must have official US evaluations showing degree and grade equivalency. Contact Foreign Credentials Services of America at 512-459-8428 about transcript evaluations)
9	Professional Recommendation 1
10	Professional Recommendation 2
11	Professional Recommendation 3
12	Texas Department of Public Safety Criminal Record Report. This report is crucial—a criminal history/record could hinder the acceptance into the ATCP/EPP and entrance into the classroom. *Current employees of public school districts are not required to submit the criminal background check. They require proof of employment.
13	Use this <a href="#">link to submit</a> your Non-refundable \$100 application fee.
15	Interview ( <a href="#">use this link to schedule your interview</a> )
16	English language proficiency shall be evidenced by: (A) completion of an undergraduate or graduate degree at an accredited institution of higher education in the United States; or (B) verification of minimum scaled scores on the Test of English as a Foreign Language Internet-Based Test (TOEFL iBT) of 24 for speaking, 22 for listening, 22 for reading, and 21 for writing; or (C) if the applicant earned an undergraduate or graduate degree at an institution of higher education in a country outside of the United States listed in the figure provided in this subparagraph. <a href="#">Figure: 19 TAC§230.11 (b) (5) (C)</a>
17	For Applicants with Foreign Transcripts Only: THEA scores not over five years old: 250 Reading, 230 Writing, 230 Math
18	Email your Completed and Signed Application package to <a href="mailto:atcpadmission@htu.edu">atcpadmission@htu.edu</a> <a href="#">Keep a copy of your application package for your records.</a>



# Huston-Tillotson University

Austin, Texas

## Application for Admission

Huston-Tillotson University invites applications from individuals whose academic and personal records give evidence of proficiency and promise of educational success. Consideration is given to all applicants regardless of race, religion, gender., physical ability, national or ethnic origin, or sexual orientation. Please complete and sign this application and include an official transcript that shows the name of the degree and conferment date.

Please use the following links to complete this process:

1. [Huston-Tillotson University Application for Admission](#)
2. [Huston-Tillotson University ATCP Student Data](#)

**After completing the online HTU Application for Admission and the ATCP, Student Data forms go to the next page and complete all documents included in this application package.**

**Huston-Tillotson University**  
**Alternative Teacher Certification Program Application**

**Applicant's Information**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Primary email: \_\_\_\_\_ Secondary email: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ TEA ID#: \_\_\_\_\_  
Ethnicity: \_\_\_\_\_ (Asian/Pacific Islander, Black /African American, 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 in an educator preparation program at Huston-Tillotson or another university)? \_\_\_\_\_ (Yes/No).  
If yes, list the date and name of the program? \_\_\_\_\_  
Do you possess a teaching certificate that is currently suspended, revoked, or pending such action in any state? \_\_\_\_\_ (Yes/No).  
Have you taken a Pre-Admission Content Test (PACT)? \_\_\_\_\_ (Yes/No). If yes, Date: \_\_\_\_\_ Content Area: \_\_\_\_\_ Score: \_\_\_\_\_

**Education**

List all community colleges, junior colleges, and universities attended regardless of the number of credit hours earned.  
From: \_\_\_\_\_ To: \_\_\_\_\_ Credits Earned: \_\_\_\_\_ Degree and concentration: \_\_\_\_\_ Date Degree Conferred: \_\_\_\_\_  
School: \_\_\_\_\_ Location (City) \_\_\_\_\_ (State) \_\_\_\_\_

List all community colleges, junior colleges, and universities attended regardless of the number of credit hours earned.  
From: \_\_\_\_\_ To: \_\_\_\_\_ Credits Earned: \_\_\_\_\_ Degree and concentration: \_\_\_\_\_ Date Degree Conferred: \_\_\_\_\_  
School: \_\_\_\_\_ Location (City) \_\_\_\_\_ (State): \_\_\_\_\_

List all community colleges, junior colleges, and universities attended regardless of the number of credit hours earned.  
From: \_\_\_\_\_ To: \_\_\_\_\_ Credits Earned: \_\_\_\_\_ Degree and concentration: \_\_\_\_\_ Date Degree Conferred: \_\_\_\_\_  
School: \_\_\_\_\_ Location (City) \_\_\_\_\_ (State): \_\_\_\_\_

**References**

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

**Full Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_ **Company/ School:** \_\_\_\_\_  
**Full Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_ **Company/ School:** \_\_\_\_\_  
**Full Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_ **Company/ School:** \_\_\_\_\_

Certification Interest			
Review the Alternative Certification Programs listed in the table below and enter the one that you are applying: _____			
Supplemental certification is optional. _____			
Special Education Content Certification:	Special Education EC-12 <sup>th</sup> Grade		
General Education Content Certification	Core Subjects EC-6	Core Subject 4-8	
Single Subject Content Certification:	Social Studies 4-8	Science 4-8	
	Social Studies 7-12	Science 7-12	
	History 7-12	Physical Sciences 6-12	
	English Language Arts Reading 4-8	Life Sciences 7-12	
	English Language Arts Reading 7-12	Mathematics 4-8	
	Music EC-12	Mathematics 7-12	
	Physical Education EC-12	Mathematics/Science 4-8	
Supplemental Certifications:	English As A Second Language (ESL)	Special Education	Bilingual Education Supplemental-Spanish _

Military Service	
Branch: _____	From: _____ To: _____
Rank at Discharge: _____	Type of Discharge: _____

If other than honorable, explain: \_\_\_\_\_

Criminal Background Check
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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. \_\_\_\_\_

I understand that I must pass a criminal background check to be accepted into this program, work in a classroom, and or be granted a teacher (educator) certification: \_\_\_\_\_ (Yes/No) I also understand that I can request a preliminary criminal history evaluation (PCHE).

Print name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Previous Employment
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Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor name and title: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Responsibilities: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 May we contact your previous supervisor for a reference? \_\_\_\_\_ (Yes/No)

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor name and title: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Responsibilities: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 May we contact your previous supervisor for a reference? \_\_\_\_\_ (Yes/No)

From the list below, select the source that led you to the Huston-Tillotson University ATCP \_\_\_\_\_

Who: \_\_\_\_\_ Title: \_\_\_\_\_

Other: \_\_\_\_\_

HT ATCP web site	HT ATCP Staff/Students
Colleague or friend	Radio ad/Newspaper ad:
State Board of Educator Certification (SBEC) web site	School district personnel (teacher, administrator, HR, etc.)

## Disclaimer and Signature

*Please read the following statements carefully and initial each statement.*

\_\_\_\_\_ 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 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 an Intern Teaching Certificate and by independent school districts 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 the eligibility requirement does not guarantee an interview or acceptance into HT ATCP.

\_\_\_\_\_ I understand that all documents submitted as part of the application process become Huston-Tillotson University's property 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, \$2,000.00 fee for the Phase 2 internship and training, \$2,000.00 fee for the Phase 3 internship and training. Totaling \$6000.00

\_\_\_\_\_ I understand that there is no tuition refund if I failed to complete the HT Alternative Teacher Certification Program.

\_\_\_\_\_ I understand that I have two calendar years following the completion of ATCP 456 to meet the requirements for obtaining teacher certification in the content area selected for this program.

\_\_\_\_\_ I understand that if I fail to secure, complete an internship, and obtain standard teacher certification within the two calendar years after completing ATCP 456, I will be withdrawn from the program without reimbursement.

\_\_\_\_\_ I understand that I must submit a \$100 non-refundable application fee for my file to be considered.

\_\_\_\_\_ I understand that this application's submission and contents are not intended to create any contractual or other legal rights and are designed solely to guide 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: \_\_\_\_\_

**ATCP Application Fee \$100.00 Click Here to Pay**

### For Office Use

Comments:

ADMISSION APPROVED: \_\_\_\_\_

ADMISSION DENIED: \_\_\_\_\_

\_\_\_\_\_  
EPP Department Chair Signature

\_\_\_\_\_  
Date



**Alternative Teacher Education Program  
Writing Sample**

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

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

**In your handwriting (print or cursive, do not type), please respond to the following question in approximately 250 words. Use additional paper if necessary.**

**What is your philosophy of education with a focus on diversity?**




**Huston-Tillotson University**  
**Department of Education Preparation Program**

**FERPA Consent to Release Educational Records and Information**

**This release represents your written consent to permit (Name of EPP) to disclose educational records and any information contained therein to the specific individual(s) identified below. Please read this document carefully and fill in all blanks.**

I, \_\_\_\_\_ [full print name], am a candidate at **Huston-Tillotson University Department of Education Preparation** and hereby give my voluntary consent to officials:

**A. To disclose the following records:**

- Records relating to any of my field-based experiences
- Records relating to my performance in the field
- TExES test score results

**B. To the following person(s):**

- School districts or other agencies associated with field-based experiences
- School-based/Agency-based administrators
- School-based/Agency-based cooperating teachers/mentors
- Program faculty

**C. These records are being released for:**

- Conversing and reviewing performance
- Acquiring feedback
- Procuring required signatures

**I understand that under the Family Educational Rights and Privacy Act of 1974 ("FERPA" 20 USC 123g; 34 CFR §99; commonly known as the "Buckley Amendment"), no disclosure of my records can be made without my written consent unless otherwise provided for in legal statutes and judicial decisions. I also understand that I may revoke this consent at any time (via written request to the educator preparation program) except to the extent that action has already been taken upon this release. Without such a release, I cannot participate in any field-based experiences, including 30 clock hours of observation, clinical teaching, student teaching, or internship.**

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

TEA ID Number:	HT ID#
Date of Birth:	
Phone Number:	Email



### Photograph and/or Visual Image Release Form

Huston-Tillotson University and all entities representing the University in an official capacity are granted the right to use this photograph and/or visual image of me in publications, television commercials and announcements, and the Web site. I hold harmless the University and its staff from all liabilities, damages, or claims. I also understand that the University owns and will not sell my photograph and understand that I will not be compensated.

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

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

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

Accepted by: \_\_\_\_\_

Title: \_\_\_\_\_

ADDRESS INQUIRIES TO HUSTON-TILLOTSON UNIVERSITY, PUBLIC RELATIONS, MARKETING, ATTN:  
LINDA Y JACKSON, 900 CHICON STREET, AUSTIN, TX 78702-2795, 512. 505.3006, LYJACKSON@HTU.EDU





## Alternative Teacher Education Preparation Program

### PROFESSIONAL RECOMMENDATION

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

The applicant listed above has selected you as a source of reference. We appreciate your comments as to the applicant's qualifications.

*Note: This evaluation meets the requirements of the Family Education Rights and Privacy Act of 1974 in that the applicant named above has voluntarily requested that this recommendation be held strictly confidential and not revealed to him/her.*

<i>Check the appropriate column for each item below.</i>	Superior	Above average	Average	Fair	Poor	Do not know	Comments
Ability to present ideas							
Work habits							
Professional attitude							
Rapport with peers							
Resourcefulness							
Reliability							
Cooperation							
Professional appearance							
Enthusiasm							
Other:							

Comments: Please use the back of this page to make any additional comments you feel helpful to the committee reviewing this application.

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Place of employment: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please email to [atcpadmission@htu.edu](mailto:atcpadmission@htu.edu)  
**ATTN: Dr. Delley, Director**  
**Center for Adult and Continuing Education**  
**512-505-3096**



**Alternative Teacher Education Preparation Program  
PROFESSIONAL RECOMMENDATION**

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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Professional attitude							
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Resourcefulness							
Reliability							
Cooperation							
Professional appearance							
Enthusiasm							
Other:							

Comments: Please use the back of this page to make any additional comments you feel helpful to the committee reviewing this application.

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Place of employment: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please email to [atcpadmission@htu.edu](mailto:atcpadmission@htu.edu)  
ATTN: Dr. Delley, Director  
Center for Adult and Continuing Education  
512-505-3096



**Alternative Teacher Education Preparation Program**  
**PROFESSIONAL RECOMMENDATION**

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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Professional attitude							
Rapport with peers							
Resourcefulness							
Reliability							
Cooperation							
Professional appearance							
Enthusiasm							
Other:							

Comments: Please use the back of this page to make any additional comments you feel helpful to the committee reviewing this application.

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Place of employment: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please email to [atcpadmission@htu.edu](mailto:atcpadmission@htu.edu)  
ATTN: Dr. Delley, Director  
Center for Adult and Continuing Education 512-505-3096

# Last Step

## After you have:

1. Completed [Huston-Tillotson University Application for Admission](#)
2. Completed [Huston-Tillotson University ATCP Student Data](#)
3. Completed and attached My *Writing Sample* to the email used to send this packet.
4. Completed the Alternative Teacher Certification Program Application
5. Emailed Official Transcript to at [atcpadmission@htu.edu](mailto:atcpadmission@htu.edu)
6. Completed the FERPA Consent to Release Educational Records and Information
7. Completed the Photograph and/or Visual Image Release Form
8. Paid the \$100 enrollment fee using the [ATCP Application Fee \\$100.00 Click Here to Pay](#)
9. Mailed this completed application package- Use the following link to schedule your [Admission Interview](#).

Thank You for Choosing  
Huston Tillotson University