



**TEACHER CERTIFICATION
PROGRAM**

APPLICATION – Spring 2010

Application Materials enclosed (please check all that apply)

- I attended a Program Information Session/ Advising on _____(Date)
- I have completed and signed the Application Form
- My **Official College Transcripts** from **all Colleges attended** are enclosed
- I have taken credit classes at Collin College (which year?)
- My degree is from outside the USA and I have enclosed the **Official Evaluation**
- *Application Fee (\$50) enclosed
- Basic Skills Assessment scores OR THEA/TASP scores are enclosed
- Three References (If sending or sent separately, please indicate this)

***Checks or Money Orders only if mailing your application. DO NOT ENCLOSE CASH. Credit cards in Person only.**

I learned about Collin College's Teacher Certification Program from _____

Certification Content Area _____

(Must specify Certification Content – choose from the list on website www.ccccd.edu/teachered)

If unsure about choosing Certification Content, please contact (972) 377-1062 to leave a voice mail – an Advisor will contact you to help with this)

Applicant's Name _____

Mail completed Application packets to:

Teacher Certification Program,
CCCCD@Allen
300 Rivercrest Boulevard
Allen, TX 75002



Center for Teaching, Learning and Professional Development

Application

Driver's License Number _____ (please attach copy) Please print in ink or type.

Social Security No. _____ - _____ - _____ Date _____

Name (must match name on Driver's License) _____
Last First Middle

Please indicate any other identifying name(s) that may appear on your documentation:

Date of Birth _____ Gender: Male _____ Female _____

Address _____
Street City State Zip

Telephone _____
Home Business/Daytime

Email Address _____ Fax number _____

Please ensure that the email address being provided on this application is current, and one that is checked regularly. Email is the preferred mode for program related communications. Timely responses will help prevent delays during the application process.

The following information is for reporting use only to provide statistical information requested by various State and Federal agencies:

Ethnic Background: Check One {optional}
 White (non Hispanic)
 African American (non Hispanic)
 Hispanic
 Asian, Pacific Islander, Asian American
 Native American or Alaskan Native
 Other

Equal Opportunity Policy

Collin College does not discriminate on the basis of color, religion, sex, age, national origin, veteran status, or disability in admission or access to, or treatment or employment in its programs and activities in compliance with applicable federal and state laws.

With few exceptions, state law gives you the following rights regarding the information collected by CCCCD about you: the right to request to be informed about the information; the right to receive and review the information; and the right to correct information about you that is incorrect.

Employment History

This section **must** be completed. A resume cannot be substituted. Start with your most recent work experience, including military service, and list your employment history for the past **10 years**. Add extra pages if necessary.

Date Started	Date Left	Name of Organization	Address
Supervisor's Name	Supervisor's Title	Phone	Your Title Upon Leaving

Description of duties _____

Reason for leaving _____

Date Started	Date Left	Name of Organization	Address
Supervisor's Name	Supervisor's Title	Phone	Your Title Upon Leaving

Description of duties _____

Reason for leaving _____

Date Started	Date Left	Name of Organization	Address
Supervisor's Name	Supervisor's Title	Phone	Your Title Upon Leaving

Description of duties _____

Reason for leaving _____

Education

Please list all colleges attended. Official transcripts must be submitted from all colleges attended. Transcripts for CCCCD classes are accessible internally and do not need to be submitted. For degrees earned outside the U.S., please submit an official detailed evaluation conducted by an International Evaluation Agency.

Degree granted in:	Month _____ Year _____
College / University	
City / State	
GPA	
Major	
Minor	
Type of Degree	

Degree granted in:	Month _____ Year _____
College / University	
City / State	
GPA	
Major	
Minor	
Type of Degree	

Degree granted in:	Month _____ Year _____
College / University	
City / State	
GPA	
Major	
Minor	
Type of Degree	

Collin College's Certification Program has technology infused into its training. Computer skills (Windows/Mac operating system), Internet access, and an e-mail address are required. Collin College provides computer access at all its campuses, including the Allen campus.

Collin College requires 24 credit hours of coursework in the certification area being sought. List eight courses on your transcript that apply to your content area:

If you don't have eight courses, please list any relevant work experience that may substitute for coursework:

Short Answer Questions

Answer the following question. Attach additional pages if necessary.

1. Why do you want to be a teacher?

- 1. Are you a US citizen? _____Yes _____No
 If no, are you a Permanent Resident? _____Yes _____No
 If no, are you a resident alien with the right to work in this country? _____Yes _____No

(Please attach proof of Permanent Residency or Employment Authorization to this application.)

- 2. Have you ever been charged with a felony or misdemeanor? _____Yes _____No

- 3. Have you ever been treated for, or troubled by, any serious illness that might adversely affect your ability to teach? _____Yes _____No

- 4. Have you ever been under the treatment of a physician for an emotional problem or nervous disorder? _____Yes _____No

If yes to #3 or 4 please explain _____

- 5. Have you ever applied to this program before? _____Yes _____No
 If yes, date of application _____

- 6. Have you ever applied to or participated in any other teacher preparation program? _____Yes _____No
 If yes, please explain _____

- 7. Do you possess a teaching certificate which is currently suspended, revoked or pending such action in any state? _____Yes _____No
 If yes, please explain _____

- 8. Have you ever taught in a private and/or a public school? _____Yes _____No
 If yes, when, where and what subject? _____

Candidate Agreement

Please Read Carefully:

- ◆ I understand I must submit the non-refundable application fee for my file to be considered by the Collin College's Center for Teaching, Learning and Professional Development. I understand that submission of this application does not obligate Collin College in any way.
- ◆ I agree to abide by all Collin College TCP testing and assessment requirements.
- ◆ I certify that 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 shall be grounds for refusal to be admitted to the Collin College's Center for Teaching, Learning and Professional Development.
- ◆ I understand that I will be subject to a criminal background check by independent school districts before Early Field Based Experience and the State Board for Educator Certification before being issued a Teaching Certificate.
- ◆ I hereby authorize Collin College to investigate, through whatever means deemed appropriate by the college, any information included in this application and facts resulting from the investigation unless otherwise noted. Collin College is also authorized to use any information obtained from its investigations to determine my suitability for entrance into the Center for Teaching, Learning and Professional Development. I release Collin College 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 meeting eligibility requirements does not guarantee an interview or acceptance into the Collin College's Teacher Certification Program.
- ◆ I understand that the results of applicant interviews will not be disclosed.

If accepted, I agree to abide by the policies, procedures, rules and regulations of Collin College's Teacher Certification Program.

Signature of Applicant _____ Date _____