



Prairie View A&M University
Whitlowe R. Green College of Education

Alternative Teacher Certification Program Application

Application A non-refundable fee of \$75.00 must be submitted with the application. Write your social security number on the cashier's check or money order

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

Address: _____

Home Phone: (____) _____ Cell Phone (____) _____ Work Phone:(____) _____

Primary email: _____ Secondary email: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State: _____ TEA ID# _____

PVAMU ID _____

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

Are you a citizen of the United States? YES NO (Attach proof of permanent residence)

If no, are you authorized to work in the U.S.? YES NO

Have you previously participated in an educator preparation program (ATCP or university)? YES NO
If yes, When and Name of the program?

Results? _____

Do you possess a teaching certificate which 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: _____

List all community colleges, junior colleges, and universities attended regardless of the number of credit hours earned. Begin with your **Highest Degree Earned**

Name of College or University	Location (city and state)	Begin Date	End Date	Degree



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

Full Name: _____ email: _____
phone: _____ Relationship: _____
Company/ School: _____

Full Name: _____ email: _____
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Company/ School: _____

Full Name: _____ email: _____
phone: _____ Relationship: _____
Company/ School: _____

Check the Alternative Certification Program for which you are applying.
Please select only ONE content certification option. Supplemental certification is optional.

- | | | | |
|--------------------------|---|--------------------------|--------------------------------|
| <input type="checkbox"/> | English Language Arts and Reading- 4-8 | <input type="checkbox"/> | Science- 7-12 |
| <input type="checkbox"/> | Mathematics/Science- 4-8 | <input type="checkbox"/> | Speech- 7-12 |
| <input type="checkbox"/> | Science- 4-8 | <input type="checkbox"/> | Technology Applications- 8-12 |
| <input type="checkbox"/> | Social Studies- 4-8 | <input type="checkbox"/> | Technology Education- 6-12 |
| <input type="checkbox"/> | Computer Science- 7-12 | <input type="checkbox"/> | Art- EC-12 |
| <input type="checkbox"/> | English Language Arts and Reading- 7-12 | <input type="checkbox"/> | Health- EC-12 |
| <input type="checkbox"/> | Health Science Technology- 7-12 | <input type="checkbox"/> | Music- EC-12 |
| <input type="checkbox"/> | Life Science- 7-12 | <input type="checkbox"/> | Physical Education- EC-12 |
| <input type="checkbox"/> | Mathematics- 7-12 | <input type="checkbox"/> | Special Education- EC-12 |
| <input type="checkbox"/> | Physical Science- 7-12 | <input type="checkbox"/> | Technology Applications- EC-12 |
| <input type="checkbox"/> | Physical Science/Math/Engineering 6-12 | | |

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.

I understand that I will have to pass a criminal background check in order to gain certification. I also understand that I am can request a preliminary criminal history evaluation (PCHE).

Signature _____



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

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

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 which later prove to be false or incomplete shall result in sufficient cause for refusal to be admitted into the Prairie View A&M University Alternative Certification Program or immediate dismissal if accepted.

- I agree to take all TExES exams, attend TExES preparation sessions and utilize the Educator Preparation, Counseling and Testing Diagnostic supports at times determined and designated by the professor, adjunct professor, program director, and/or coordinator.

- **I understand that I will be subject to a criminal background check by the State Board for Educator Certification before being issued an Intern or Probationary Teaching Certificate and by independent school districts and/or charter schools before being hired for an internship.**

- I hereby authorize Prairie View A&M University to investigate any information and facts included in this application and facts resulting from the investigation.

- I hereby authorize any former employers or any other persons given as references to answer any follow-up questions if needed.

- I will attend all classes, workshops, meetings, etc., provided by or for the ATCP and comply with the ATCP and Prairie View A&M University's attendance policy.



- I will complete all required observations of mentor/master teachers.
- I will turn in all required assignments, documentation and information requested in a timely manner.
- Conduct myself in a professional manner at all times.
- I must meet all the ATCP requirements before I may apply for my Standard Certification with the State Board for Educator Certification.
- The \$3200 program fee and payment schedules for the ATCP are **separate** and **unrelated** to the fees, tuition and payment schedules for my coursework at Prairie View A&M University.
- Non-payment of University fees by the University scheduled deadlines will lead to my termination from the university and, subsequently my termination from the ATCP.

If accepted, I agree to abide by the policies, procedures, rules, and regulations of Prairie View A&M University and the Alternative Teacher Certification Program. I certify that the information on this application is complete and correct and I understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action. My signature acknowledges that this application belongs to Prairie View A&M University's Alternative Teacher Certification Program.

Signature: _____ Date _____



Professional Recommendation

Applicant's Name _____ Date _____

The above named applicant has selected you as a source of reference. Please give your confidential opinion of this applicant by checking the proper columns below.

<i>Check appropriate column for each item below</i>	Superior	Above average	Average	Fair	Poor	Have not observed	Comments
Ability to present ideas							
Work ethic							
Professionalism							
Rapport with peers							
Rapport with superiors							
Resourcefulness							
Reliability							
Cooperation							
Professional Appearance							
Enthusiasm							
Language skills							

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

Signature _____ Printed Name _____

Title _____ Place of employment _____

Address _____ Telephone (____) _____

Please return to this recommendation to:
 Prairie View A& University
 Alternative Teacher Certification Program



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