



ALAMO
COLLEGES

ST. PHILIP'S COLLEGE

APPLICANT INSTRUCTION SHEET & PREREQUISITES

Educator Preparation Program

Each item listed below must be submitted in order to be considered for participation in the program.

Incomplete applications will not be processed. Transcripts or other documents submitted will not be returned. NO EXCEPTIONS

- A completed application form with three essays
- A \$50 **money order** (non-refundable) payable to: Alamo Colleges Teacher Certification Program
- The names and complete address of **three** references, **two of whom should be current or former employers**, (please submit **completed** reference forms with application).
- Official transcripts from ALL college and universities attended, reflecting ALL courses and the degree (s) conferred with a minimum GPA of 2.5. (**An evaluation cannot be completed unless all transcripts are submitted**).
- If the transcripts are from a foreign university, a course – by- course transcript evaluation and grade point-point average (GPA) calculation must accompany the application. Only original transcript evaluations from an accredited foreign credential evaluation services will be accepted.
- An **Interview** with the Coordinator of Educator Preparation Programs.

Please submit the completed applications package to:

Teacher Certification Center

St. Philip's College

Workforce Development and Continuing Education

Continuing Education Building

1801 Martin Luther King Dr, San Antonio, TX 78203



ALAMO COLLEGES ALAMO COMMUNITY COLLEGES
EDUCATOR PREPARATION PROGRAM

ST. PHILIP'S COLLEGE

APPLICATION FOR ADMISSIONS

Please Select ONE

NORTHWEST VISTA COLLEGE
 Bilingual Generalist EC-6
 Special Ed. EC-12 & Generalist EC-6
 Dual: ESL/Bilingual Generalist EC-6
 ESL Generalist EC-6
 ESL Generalist 4-8
 Science 4-8
 Science 8-12

PALO ALTO COLLEGE
 English Lang. Arts & Reading 8-12
 Science 8-12
 Math 8-12
 Career & Technical Education 6-12
 Generalist EC-6

ST. PHILIP'S COLLEGE
 DUAL: EC-6 Generalist/Spec. Ed.
 DUAL: EC-6 Generalist/ESL
 DUAL: Math/Spec. Ed or ESL
 DUAL: Science/Spec. Ed or ESL

 Last Name First Name Middle Name

Gender: Female Male Date of Birth ____/____/____ SSN: _____

 Current Mailing Address City State Zip Code County

 Day Phone Evening Phone Cell E-Mail Address

Ethnicity: African American Asian Native American Hispanic White Other

Marital Status: Single Married Divorced Widower

Have you ever been convicted of a felony or misdemeanor? Yes No If yes, please attaches written explanation.

Other Name(s), which might appear on previous academic records:

(1) _____ (2) _____ (3) _____

Do you currently possess a valid teaching certificate or license? ____ Yes ____ No

Certificate: Area: _____ Date Issued: _____ State: _____

Have you been issued an emergency permit? Yes No If yes, please indicates:

When _____ Where _____ Subject _____

Have you ever applied for any Educator Preparation Program before? ____ Yes ____ No

If yes, please specify when, where, and why you did not complete the program.

Have you ever been suspended, dismissed or forcibly withdrawn from an institution for non-academic reasons? Yes No

Do you have any special needs with which the college might be able to assist you?

Are you a U.S. citizen? Yes No

U. S. Citizenship: If you checked "No" above, complete this section:

Are you a U.S. Citizen by naturalization Yes No If Yes: A# _____ Date of Approval _____

Are you a resident alien? Yes No If Yes: # _____ Date of Approval _____

If no to either, do you have or will you apply for student (F-1) visa or any other type of temporary non-immigrant visa?

Yes No Type of visa _____

What is the country of your birth? _____ What is the country of your citizenship? _____

If international, give date of birth: _____ Place of birth: _____

Country of citizenship (if different from place of birth): _____

Do you require a student I-20 A/B through the college? Yes No

Can you submit verification of your legal right to work in the U.S. if required? Yes No

Native Residency: Which state do you claim as your legal residence? _____

How long have you continuously lived in Texas? _____ Years _____ Months

Are you fluent in English? Yes No

Are you fluent in a language other than English? If yes, please specify other language: _____

FINANCIAL AID:

- Applying for:
- (1) Personal Bank Loan? Yes No
 - (2) CAL Loan? Yes No
 - (3) Sallie Mae Loan (Career /Continuing Education Student Loan? Yes No
 - (4) Continuing Education / Career Loan? Yes No
 - (5) VA Benefits? Yes No If yes, please check one
 - Chapter 30
 - Rehab Chapter 31
 - Troops to Teachers
 - (6) Workforce Investment Act (WIA)? Yes No (Contact Texas Workforce Commission/Alamo WorkSource)

Emergency Contact Information: _____
Name Relationship to Applicant

Address, Street and Apt. Number City State Zip County (if outside USA) Phone (____)

IMPORTANT: Official transcripts must be submitted from all regionally accredited colleges and universities attended with this application. Transcripts from countries outside the United States must be translated and evaluated by a United States evaluation service.

(Most Recent First)

Name of Institution	Address, City, & State	Dates Attended From: To:	Major/Degree	Date Awarded

SECTION II ADMISSION TEST STATUS (REQUIRED FOR ALL APPLICANTS)

Semester hours completed: _____ Cumulative GPA _____ GPA of "C" in English? _____

Major Studies: _____ Minor: _____

Have you taken the THEA test? Yes No If yes, when _____

Scores: _____ Math _____ Reading _____ Written Language

Have you ever taken the SAT / ACT, or Accuplacer Exam? If so when? _____ Score(s): _____

I submit the following three professional recommendations:

Name

Address

Phone

1. _____
2. _____
3. _____

SECTION III EMPLOYMENT HISTORY (Most Recent First):

(1) Job Title _____ Hire date: _____ End date: _____ Full-Time Part-Time

Duties: _____

Employer: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

Supervisor: _____ Phone: () _____

Final base pay: _____ Reason for Leaving: _____

(2) Job Title _____ Hire date: _____ End date: _____ Full-Time Part-Time

Duties: _____

Employer: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

Supervisor: _____ Phone: () _____

Final base pay: _____ Reason for Leaving: _____

TEACHING EXPERIENCE(S)

Location: _____ When: _____ Position: _____

Location: _____ When: _____ Position: _____

Location: _____ When: _____ Position: _____

Location: _____ When: _____ Position: _____

I certify that the information on this application is complete and correct and understand that the submission of false information is grounds for denial of my application, withdrawal of any offer of admission, cancellation of enrollment, or appropriate disciplinary action. I understand that the Alamo Community Colleges expect a high standard of conduct from its students, and if accepted for admission, I will abide by all rules and regulations of the college as set forth in college publications. I authorize the college to verify the information I have provided. I agree to notify the college Program Coordinator of any changes in the information submitted.

I understand that the application must be received at the appropriate college Educator Preparation Program by the published deadline. If my application is not complete, it will delay the EPP personnel from reviewing my application and the application will be placed on a waiting list until all documents are received. I also understand that the application fee, and documents submitted to the EPP will not be returned.

I hereby affirm that I do not possess a certificate which is currently suspended, revoked, or pending any such citation in any state. Any criminal act preventing me from achieving teacher certification is not the responsibility of any of the Alamo Community Colleges/Educator Preparation Program (EPP).

I understand that I must secure placement as the teacher-of-record in a Texas Education Agency (TEA) accredited school within the subject and grade level I am seeking in order to fulfill internship requirements within the 50 miles radius from the home campus. I understand that acceptance into and completion of the program does not guarantee employment by a school district. I also understand that I must abide by the attendance and refund policy of Alamo Community Colleges.

Applicant's Signature: _____ Date: _____

It is the policy of the Alamo Community Colleges not to discriminate on the basis of, age, color, handicap or disability, ancestry, national origin, marital status, race, religion, sex, or political affiliation in its activities.

Bacterial Meningitis Information

This information is being provided to all new college students in the state of Texas. Bacterial Meningitis is a serious, potentially deadly disease that can progress extremely fast so take utmost caution. It is an inflammation of the membrane that surrounds the brain and spinal cord. The bacteria that cause meningitis can also infect the blood. This disease strikes about 3,000 Americans each year, including 100-125 on college campuses, leading to 5-15 deaths among college students every year. There is a treatment, but those who survive may develop severe health problems or disabilities. Additional information will be provided with the admissions application when you register.

PLEASE MAIL APPLICATION PACKETS TO THE CORRESPONDING COLLEGE:

Northwest Vista College

The Center for Workforce & Community Education
Educator Preparation Program
3535 North Ellison Dr., Box 19
San Antonio, TX 78251-4217
(P) 210-486-4406
(F) 210-486-4480

Palo Alto College

Corporate & Community Education Division
Educator Preparation Program
1400 W. Villaret Blvd.
San Antonio, TX 78224
(P) 210-486-3408
(F) 210-486-3926

St. Philip's College

Division of Extended Services, Workforce
Development, Continuing Education &
Evening/Weekend Operations
1801 Martin Luther King Drive
San Antonio, TX 78203-2098
(P) 210-486-2139
(F) 210-486-2774

TEACHER EDUCATION SELF-EVALUATION-(Submit Resumé)

Please complete three of the essays below in type format and submit with your application.

Student: _____

SSN#: _____

Area of Study for Teacher Certification Program: _____

1. Describe how you envision yourself as an intern-teacher in the program.

Or

I want to be a teacher because:

2. I believe the characteristics and qualities that I will bring to the teaching profession are:

Or

Describe how you intend to make an impact on student's learning.

3. My goals as a teacher are to:

Signature: _____

Date: _____



The following information is essential for the consideration of qualified applicants to the Educator Preparation Program. Please complete all sections accurately and promptly. Thank you.

SECTION 1: TO BE COMPLETED BY THE APPLICANT

- Complete reference information
Read and sign the authorization statement
YOU MUST HAVE 3 REFERENCES

Applicant Name:
Social Security #:

Reference Name: Title in relationship to applicant:

Company/School Address City/State/Zip Telephone

AUTHORIZATION STATEMENT

I have applied for admission into the Educator Preparation Program at the Alamo Community Colleges. I authorize ACCD to collect any information orally or written about my qualifications and past performance. I will not hold you or the organization liable for supplying any information regarding my employment/education. Thank you for your assistance.

Date: Applicant Signature:

SECTION 2: TO BE COMPLETED BY REFERENCE
Please circle your evaluation of this candidate.

Table with 5 columns (1-5) and 10 rows of evaluation criteria including Personal Appearance, Health and Absenteeism, Apparent Emotional stability, Communication Skills, Interpersonal Relationships, and Dependability.

TEACHING EFFECTIVENESS:

Table with 5 columns (1-5) and 7 rows of teaching effectiveness criteria including Knowledge of Subject matter, Knowledge of professional Education, Attitude toward professional help, Planning and presentation, Student management, and Parent and community Relationships.

SECTION 3: TO BE COMPLETED BY REFERENCE FOR ALL APPLICANTS

How long have you known this applicant? would you recommend this applicant into this program?

What is your official relationship to the applicant?

Any comments regarding your knowledge of the applicant's professional expertise are appreciated:

Signature: Date:

Official Title: Organization:

Address: Phone:

PLEASE MAIL TO THE CORRESPONDING COLLEGE:

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3535 North Ellison Dr., Box 19
San Antonio, TX 78251-4217
(P) 210-486-4416 (F) 210-486-4480

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1400 W. Villaret Blvd.
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Date: Applicant Signature:

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Table with 5 columns (1-5) and 8 rows of evaluation criteria including Appearance, Health and Absenteeism, Apparent Emotional stability, Communication Skills, Interpersonal Relationships, and Dependability.

TEACHING EFFECTIVENESS:

Table with 5 columns (1-5) and 6 rows of teaching effectiveness criteria including Knowledge of Subject matter, Knowledge of professional Education, Attitude toward professional help, Planning and presentation, Student management, and Parent and community Relationships.

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***Educator Preparation Program
Personal Information Release Form***

Name: _____

Social Security Number: _____

Date: _____

_____ I **agree** to allow the Educator Preparation Program at the Alamo Community Colleges to provide my personal contact information (phone number and email address) and qualifications to prospective employers. I understand that my information will only be given out to further my employment opportunities.

Signature

Date

_____ I **do not allow** the Educator Preparation Program at the Alamo Community Colleges to provide my personal contact information (phone number and email address) and qualifications to prospective employers. I understand that my information will not be given out to further my employment opportunities.

Signature

Date



A L A M O C O L L E G E S

ST. PHILIP'S COLLEGE

EDUCATOR PREPARATION PROGRAM ACKNOWLEDGEMENT OF CRIMINAL BACKGROUND CHECK

Your Full Name
(Please Print): _____
Last First Middle

DOB (mm/dd/yy): _____

SSN: _____

Driver's License #: _____

State of Issue: _____

Expiration Date: _____

Sex (check one):

Male

Female

I hereby acknowledge a criminal background check will be conducted by the Center for Educator Preparation at _____ or designated representative. I hereby release the
(College Name)
Center for Educator Preparation, _____, and Alamo Colleges of all liability,

And waive (College Name) any rights of privacy I may have connected with or arising from such release.
I

Understand that the Center for Educator Preparation may deny or terminate my enrollment in the
Teacher Certification

Program based on the information gathered during this background check.

Applicant Signature: _____

Date: _____

For Office Use Only

Date of Background Check: _____

By: _____