

Learning Hub Building, 2nd Floor
 6815 Rustic Street, Suite 203
 Houston, TX 77087
 (713) 718-8149

PROGRAM APPLICATION

Complete this program application and submit (with signature) via email to atcp@hccs.edu.

HCC STUDENT ID (Emplid):	SSN:	TEA ID:
Please check the certificate area(s) applying for:		Please indicate the semester and year you intend to apply:
Elementary <input type="checkbox"/> Core Subjects (EC-6) Middle School <input type="checkbox"/> Core Subjects (4-8) <input type="checkbox"/> English Language Arts & Reading/Social Studies (4-8) <input type="checkbox"/> Mathematics (4-8) <input type="checkbox"/> Science (4-8) <input type="checkbox"/> Social Studies (4-8) High School/Secondary Grade Levels <input type="checkbox"/> Life Science (7-12) <input type="checkbox"/> Mathematics (7-12) <input type="checkbox"/> Physical Science (6-12) <input type="checkbox"/> Science (7-12) All Levels <input type="checkbox"/> Special Education (EC-12) / Special Ed. Supplemental Supplemental (Not stand-alone certificates) <input type="checkbox"/> Bilingual Education Supplemental-Spanish <input type="checkbox"/> English as a Second Language (ESL) Supplemental	<input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer _____ Please indicate which learning format you intend to enroll: <input type="checkbox"/> Face to Face <input type="checkbox"/> Virtual (online) <input type="checkbox"/> Accelerated (only applies to summer) Have you been pre-approved by any of the following funding sources? <input type="checkbox"/> Troops to Teachers <input type="checkbox"/> Workforce Solutions <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	

PERSONAL INFORMATION

Name: _____
Last First Middle

Please indicate any other identifying names that may appear on your documentation:

Date of Birth: _____ SSN: _____ Check one of the following: Male Female
(MM/DD/YYYY)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business/Daytime Phone: _____

Primary E-mail: _____

How did you hear about us?
 SBEC/TEA TV Newspaper Search Engine Referred by: _____

Race and Ethnicity: The following information is optional and is for reporting use only to provide statistical information requested by various state and federal agencies.

- 1) Are you Hispanic or Latino? No, I am not Hispanic or Latino Yes, I am Hispanic or Latino
- 2) What is your race? Select one or more.

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	

Houston Community College seeks to provide equal educational opportunities without regard to race, color, religion, national origin, sex, age, or disability. This policy extends to employment, admissions, and all programs and activities supported by the College.

EMPLOYMENT HISTORY:

This section must be completed. A résumé cannot be substituted. Please start with your most recent work experience including military service, and list your employment history for the past five years. **Please indicate if you do not want employer to be contacted.**

Name of Organization: _____

Address _____ Phone: _____

Date Started: _____ End Date: _____ Your Title Upon Leaving: _____

Supervisor's Name & Title: _____

Description of Duties: _____

Reason For Leaving: _____

Name of Organization: _____

Address _____ Phone: _____

Date Started: _____ End Date: _____ Your Title Upon Leaving: _____

Supervisor's Name & Title: _____

Description of Duties: _____

Reason For Leaving: _____

Name of Organization: _____

Address _____ Phone: _____

Date Started: _____ End Date: _____ Your Title Upon Leaving: _____

Supervisor's Name & Title: _____

Description of Duties: _____

Reason for Leaving: _____

PROFESSIONAL REFERENCES:

List three people (past or present employers/supervisors) who have first-hand knowledge of your abilities and character. Houston Community College – Alternative Teacher Certification Program to complete a confidential reference form, may contact your references.

Name	Address	Phone	Company/Title

EDUCATION:

Official transcripts from all college/universities you previously attended where semester credit hours were received must be submitted. List all colleges and institutions of higher education attended beginning with highest degree earned.

Institution Name	
City, State, Country	
Highest Degree Granted	
Major, Minor	
G.P.A.	
Date Completed/Conferred	

Institution Name	
City, State, Country	
Degree Granted	
Major, Minor	
G.P.A.	
Date Completed/Conferred	

Institution Name	
City, State, Country	
Degree Granted	
Major, Minor	
G.P.A.	
Date Completed/Conferred	

Institution Name	
City, State, Country	
Degree Granted	
Major, Minor	
G.P.A.	
Date Completed/Conferred	

Institution Name	
City, State, Country	
Degree Granted	
Major, Minor	
G.P.A.	
Date Completed/Conferred	

Other University/College Attended	Years Attended	Semester Credit Hours Earned	Degree Granted

QUESTIONNAIRE:

Please answer the following questions:

1. Are you a Harris County resident? Yes No
 If not, in which county do you reside? _____
2. Are you a U.S. citizen? Yes No
 If not, are you a resident alien with the right to work in this country? Yes No
 (If yes, please attach proof of permanent residence to this application.)
3. Have you ever been charged with a felony or misdemeanor? Yes No
 (Conviction of a felony is not an automatic bar to employment or acceptance to program. HCC – Accelerated Teacher Certification Program will consider the nature and date of the offense and the relationship between the offense and the position for which you are applying.)
 If you answered “yes” please explain on a separate sheet of paper.
4. Are you fluent in English? Yes No
5. Are you fluent in a language other than English? Yes No
 If yes, what language? _____ Speak Read Write
6. Are you presently in the military, or have you ever been in the military (including the National Guard or the Armed Forces Reserves)? Yes No
 If yes, please give the branch of service and your rank: _____
7. Are you eligible for VA benefits? Yes No
8. Have you ever been a trainer/instructor in the workplace or other environment? Yes No
 If yes, what subject or area? _____
9. Have you ever applied to or participated in any other teacher preparation program? Yes No
10. Are you a graduate of a teacher education program? Yes No
 If you answered “yes” to questions 9 and/or 10, please name program and certification area.

11. Have you ever participated in student teaching in a public or private school? Yes No
 If yes, please explain:

12. Do you possess a certificate which is currently suspended, revoked, or pending such action in any state? Yes No
 If yes, please explain:

13. Have you ever taught in a private and/or public school? Yes No
 If yes, please tell when, where, and what subject:

Please check any of the following teaching certificates and/or permits you currently hold or held:

- Valid Texas Teaching Certificate
- Expired Texas Teaching Certificate
- Texas Emergency/Special Assignment Permit
- School District Teaching Permit
- Valid Out of State Certificate (Name of State: _____)
- Expired Out of State Certificate (Name of State: _____)
- Valid Out of Country Certificate (Name of Country: _____)
- Expired Out of Country Certificate (Name of Country: _____)
- Other: _____

CANDIDATE AGREEMENT:

- I understand that I must submit a \$75 non-refundable fee for my application to be considered by the HCC – Alternative Teacher Certification Program. I also understand that submission of this application does not obligate HCC – Alternative Teacher Certification Program in any way.
- I agree to abide by all HCC – Alternative Teacher Certification Program testing and assessment requirements.
- 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 shall be grounds for refusal to be admitted into the HCC – Alternative Teacher Certification Program.
- I understand that I will be subject to a criminal background check by independent school districts or schools for Early Field Based Experience requirements and by the State Board for Educator Certification (SBEC) for issuance of a probationary and/or standard certificate.
- I hereby authorize HCC – Alternative Teacher Certification Program 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. HCC – Alternative Teacher Certification Program is also authorized to use any information obtained from its investigation to determine my suitability for entrance into the HCC – Alternative Teacher Certification Program. I release HCC – Alternative Teacher Certification Program from any liability in connection with the investigation.
- I authorize HCC – Alternative Teacher Certification Program to electronically access my Texas Success Initiative (TSI) test results.
- I authorize HCC – Alternative Teacher Certification Program to view or use the certification examination results from the Texas Education Agency (TEA)'s Educator Certification Online System (ECOS) using my Social Security Number provided by the HCC Student System or TEA ID number.
- I understand meeting eligibility requirements does not guarantee an interview or acceptance into the HCC – Alternative Teacher Certification Program.
- I understand the Pre-Admissions Content Testing (PACT) is no longer an option when I receive the letter of acceptance into the HCC – Alternative Teacher Certification Program. I acknowledge that the PACT option no longer applies to me when I receive the letter of acceptance into the program.
- I understand that all materials submitted will become the property of Houston Community College – Alternative Teacher Certification Program.

If accepted, I agree to abide by the policies, procedures, rules, and regulations of Houston Community College – Alternative Teacher Certification Program.

Printed Name of Applicant _____

Signature of Applicant _____

Date _____

After completing the application, please be sure to use your electronic signature to sign the document. Next, please save the application on your desktop as a PDF entitled, "01_ATCP Program Application_YourLastName, YourFirstName" and email your saved PDF application to atcp@hccs.edu. The subject of your email should be the name of your saved file detailed in the above quotations. Please do not include the quotations when you save the document or in your email's subject line. If you have an electronic copy of other supplemental documents needed for your program application (e.g. unofficial or official transcript, PACT scores, etc.), please attach these documents in your email. Refer to the ATCP Information Packet for details on how to entitle these documents. All attachments should be saved as a PDF.