

Please Print

Applicant Name

Phone Number

Social Security #

Email Address

Which content area do you want to teach?



Alternative Teacher Certification

Accredited by the Texas Education Agency

1400 College Drive

Community Services Center E115

Email: ATC@mclennan.edu

Waco, TX 76708

(254) 299-8063

Fax (254) 299-6227

McLennan Community College offers individuals with content appropriate backgrounds an opportunity to become a certified teacher by the state of Texas. Candidates must hold a bachelor's degree (except for Health Science and Trades & Industry applicants) and meet the requirements of the program.

Applications are due **August 8, December 5, or May 10.**

_____ **Fall Cohort**

_____ **Summer Cohort**

_____ **Spring Cohort**

Admission Requirements:

- Bachelor's degree from an accredited college/university. Potential graduates may submit an application to begin the program in the last semester toward a bachelor's degree.
- **2.75 GPA** minimum on last 60 hours or cumulative GPA. Individuals with a lower GPA will be considered if they pass the PACT exam in the chosen content area for certification.
- Passing scores on the **TEXAS SUCCESS INITIATIVE** or being exempt from a TSI under the provisions of the Texas Success Initiative in 2002. A bachelor's degree qualifies as a TSI exemption in most cases.
- **Three (3)** confidential professional references
- A minimum of 12 semester credit hours in the content area you wish to teach. For secondary math or science certification, you must have a minimum of 15 semester credit hours in your content area. If you do not have the required hours, you may qualify for admission by passing the PACT exam.
- Official interview with Program Director and Assistant Program Director (Students entering the bilingual certification will need to interview in both English and Spanish.)

Individuals interested in the program should schedule an appointment with the Assistant Program Director. The individual should bring a copy of their final college transcript.

All foreign transcripts must be translated and evaluated. There is a list of approved foreign evaluation agencies, which can be found at the TEA foreign evaluation services. ****The state requires that individuals with foreign transcripts take the TOEFL and score a minimum of 24 speaking, 22 listening, 22 reading, and 21 writing before entering a teacher certification program.**

APPLICATION CHECKLIST

The following materials must be submitted before official interview can be conducted:

- Completed preliminary advisory meeting with Assistant Program Director for transcript review.
- Completed application – may be printed and submitted to the ATC Office or may be emailed to the Program Director.
- Paid **\$40.00** *non-refundable* filing fee (*must be submitted at time of application*)
- Paid **\$35.00** *non-refundable* state program fee (*must be submitted at time of application*)
- Official transcript** submitted from college/university from which degree was obtained. (*Please mail to: ATTN: Alternative Teacher Certification, 1400 College Dr., Waco, TX 76708*)
For foreign transcripts, passing scores on TOEFL and transcript translation/evaluation are required.
- Passing scores on the **TEXAS SUCCESS INITIATIVE (TSI), or proof of TSI exemption** under the provisions of the Texas Success Initiative in 2002 have been submitted (a bachelor's degree qualifies as a TSI exemption in most cases).*
- Three (3)** reference forms e-mailed, faxed (254-299-6227) or mailed to the ATC department
- Resume
- Interview Date

Meeting entry requirements does not guarantee an interview or acceptance for MCC Alternative Teacher Certification program or employment with a school district.

For issues or complaints about this educator preparation program, go to tea.texas.gov and click on "Contact," then "Complaints and Investigations," or send mail to Correspondence Management, Texas Education Agency, 1701 N. Congress, Austin, TX 78701.

Alternative Teacher Certification Application

Please print in ink or type.

| |
|---|
| Social Security No. _____ - _____ - _____ Date _____ |
| Name _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Last First Middle </div> |
| Please indicate any other identifying name(s) which may appear on your documentation: |
| Driver's License No. _____ State _____ Expiration Date _____ |
| Date of Birth _____ Gender: Male _____ Female _____ |
| Address _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Street City State Zip County </div> |
| Telephone _____ <div style="display: flex; justify-content: space-around; width: 80%; margin: 0 auto;"> Home Business Cell </div> |
| E-mail Address _____ Fax Number _____ <i>Optional:</i> Native American _____ Asian _____ African American _____ Hispanic/Latino of any race _____ Choose one of the following Races: American Indian or Alaska Native ____; Asian ____; Black or African American ____; Native Hawaiian or Other Pacific Islander ____; or White ____ White _____ Other _____ |

Employment History

Equal Opportunity Policy

McLennan Community College is an Equal Opportunity institution and does not discriminate on the basis of gender, disability, race, creed or religion, color, age, or national origin or any other unlawful factors.

This section **must** be completed. A resume cannot be substituted. Start with the most recent work experience, including military service, and list employment history for the past 12 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

| | |
|---------------------------|--------------------------------------|
| Date of completion | Month _____ Year _____ |
| College/University | |
| City | |
| State | |
| Major | |
| Minor | |
| Type of Degree | |

| | |
|---------------------------|--------------------------------------|
| Date of completion | Month _____ Year _____ |
| College/University | |
| City | |
| State | |
| Major | |
| Minor | |
| Type of Degree | |

| | |
|---------------------------|--------------------------------------|
| Date of completion | Month _____ Year _____ |
| College/University | |
| City | |
| State | |
| Major | |
| Minor | |
| Type of Degree | |

Content-area Related License(s)/Certifications/CEU's Please include copies with your application.

| Type | No. | Issued By | Effective Date | Expiration Date |
|------|-----|-----------|----------------|-----------------|
| | | | | |
| | | | | |
| | | | | |

Short Answer Questions

Please answer each of the following questions. Attach additional pages if necessary.

- 1. What are the personal qualities a person should possess to be an effective teacher?*
- 2. Why do you want to become a teacher?*
- 3. What type of interaction have you had with children?*
- 4. What type of technology/computer experience have you had?*

Candidate Questionnaire:

1. Are you a US citizen? _____Yes _____No

If not, are you a resident alien with the right to work in this country? _____Yes _____No

(If yes, attach proof of permanent residence to this application.)

2. *Have you ever been arrested and charged with a felony or misdemeanor? _____Yes _____No

*If yes, were you convicted? _____ Yes _____ No

(Please be aware that if you checked yes to any of the information in Question 2, this may affect your full certification with the Texas Education Agency or with the hiring School District. A Criminal History Evaluation is available through the Texas Education Agency. Please reference TAC 249.16 to find current SBEC rules.)

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 #2, 3, or 4 please explain: _____

5. Are you fluent in English? _____Yes _____No

6. Are you fluent in a language other than English? _____ Yes _____ No

If yes, what language? _____ Speak _____ Write

7. Are you presently in the military, or have you ever been in the military? _____Yes _____No

If yes, please give the branch of service and rank _____

8. Are you eligible for VA benefits? _____Yes _____No

9. Have you ever applied to this program before? _____Yes _____No

If yes, date of application _____

10. Have you ever been a trainer/instructor in the workplace or other environment? _____Yes _____ No

If yes, what subject or area _____

Candidate Questionnaire (continued)

11. Have you ever applied to or participated in any other teacher preparation program? _____ Yes _____ No

If yes, please explain _____

12. Are you a graduate of a teacher education program? _____ Yes _____ No

13. Have you ever taken any teacher certification exams in Texas (TExES, PACT, etc.)? _____ Yes _____ No

If you have taken any of these exams, please include a score report with your application.

14. Have you ever student taught in a public or private school? _____ Yes _____ No

15. Do you possess a certificate which is currently suspended, revoked or pending such action in any state?

_____ Yes _____ No (*If yes, please explain*)

16. Have you ever taught in a private and/or a public school? _____ Yes _____ No

If yes, when, where, and what subject(s)?

Please check any of the boxes below that apply:

| | | | | |
|--------------------------|---|--------------------------------|---------------|-------------|
| <input type="checkbox"/> | Valid Texas Teaching Certificate | Date Issued:_____ | Expires:_____ | Subject(s): |
| <input type="checkbox"/> | Expired Texas Teaching Certificate | Date Issued:_____ | Expired:_____ | Subject(s): |
| <input type="checkbox"/> | Texas Emergency/Special Assignment Permit | Date Issued:_____ | Expires:_____ | Subject(s): |
| <input type="checkbox"/> | School District Teaching Permit | Date Issued:_____ | Expires:_____ | Subject(s): |
| <input type="checkbox"/> | Valid Out of State Teaching Certificate | Date Issued:_____ State: _____ | Expires:_____ | Subject(s): |
| <input type="checkbox"/> | Expired Out of State Teaching Certificate | Date Issued:_____ State: _____ | Expired:_____ | Subject(s): |

CANDIDATE AGREEMENT

1. I understand I must submit the non-refundable application fee for my file to be considered by the MCC Alternative Certification Program.
2. I agree to meet all testing requirements and to turn in an official passing exam score.
3. I confirm 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 to the MCC Alternative Teacher Certification Program.
4. I understand that I will be subject to a criminal background check by the State Board for Educator Certification before being issued a Teaching Certificate. A criminal background check will also be done by the employing school district.
5. I hereby authorize McLennan Community 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. MCC is also authorized to use any information obtained from its investigations to determine my suitability for entrance into the Alternative Teacher Certification Program at MCC. I release MCC from any liability in connection with the investigation.
6. I understand that individuals may be asked for clarification regarding their application information or status with their past teaching experience to help both parties make the best decision for all concerned. The information will be kept confidential.
7. I hereby authorize any former employers or any other persons given as references (unless otherwise noted) to answer any questions that may be asked.
8. I understand that I will perform my internship in the content specialization area that I have chosen.
9. I understand that to be eligible for intern/probationary certification through MCC's Alternative Teacher Certification Program, I must meet the teacher certification requirements for the state of Texas.
10. I understand that I must pay MCC in full before I can be recommended to the Texas Education Agency for full certification.

If accepted, I agree to abide by the policies, procedures, rules, and regulations of the MCC Alternative Certification Program.

Applicant Name (Please Print)

Date _____

Applicant Signature

FERPA Consent to Release Educational Records and Information

This release represents your written consent to permit McLennan Community College 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, _____ [print full name] am a candidate at McLennan Community College's Alternative Teacher Certification Program and hereby give my voluntary consent to officials:

A. To disclose the following records:

- Contact Information
- Records relating to my field-based experiences and performance in the field
- TExES test scores

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 the purpose of:

- School district hiring
- 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. Further, without such a release, I am unable to participate in any field-based experiences including 30 clock hours of observation, clinical teaching, student teaching, or internship.

Signature of Candidate

Date

Candidate TEA ID Number (Will be given by TEA after accepted into the program):

Date of Birth:

Student Contact Information:

Email:

Phone Number: