

## ALTERNATIVE TEACHER CERTIFICATION PROGRAM (ACP) APPLICATION FORM

Please print in ink or type. Application form must be received by our office at least 10 business days prior to the first day of training with all required documents and a \$50 nonrefundable fee. **Note: Incomplete applications will not be reviewed.**

- Certification Area Applying For:**  Mathematics (grades 4 – 8)  Science (grades 4 – 8)  
 Physical Science (grades 6 – 12)  Social Studies (grades 4 – 8)  Technology Applications (grades EC – 12)  
 English Language Arts & Reading (grades 4 – 8)

### PERSONAL INFORMATION

_____	_____	_____
First Name	Last Name	Middle Name
_ / _ / _	_ - - - - -	_ / _ / _
Date of Birth	Social Security Number	Driver's License Number
		DL State
		DL Expiration Date
_____	_____	_____
Home Address	City	State
		Zip
( ) _____ - _____	( ) _____ - _____	_____
Cell Phone Number	Home Phone Number	Email Address
_____	_____	
Current Campus Name (if employed)	Current District Name (if employed)	

The following voluntary information is for reporting purposes to provide statistical information requested by various State and Federal agencies.

Ethnic Background (select one):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Hispanic / Latino | <input type="checkbox"/> Black / African American | <input type="checkbox"/> Native Hawaiian / Pacific Islander |
| <input type="checkbox"/> Asian             | <input type="checkbox"/> White                    | <input type="checkbox"/> American Indian / Alaskan Native   |
| <input type="checkbox"/> Other             |   |   |

**Equal Opportunity Policy**

*North American University does not discriminate on the basis of age, gender, race, color, creed, religion, national or ethnic origin, disability, or veteran status in the administration of its educational or admission policies.*

### EDUCATION

Colleges/Universities Attended	Major	Degree Received (B.S., M.S., etc.)	Years Attended (mm/yy)	City/State	Overall GPA
			From: _ / _ / _ To: _ / _ / _		
			From: _ / _ / _ To: _ / _ / _		
			From: _ / _ / _ To: _ / _ / _		

### BACKGROUND INFORMATION

Are you eligible to work in the United States?  No  Yes

Have you ever been accepted into another teacher certification program?  No  Yes

If yes, give program contact information and why you left that program: \_\_\_\_\_

Do you possess a certificate which is currently suspended, revoked, or pending such action in any state?  No  Yes

If yes, explain: \_\_\_\_\_

**ADDITIONAL CERTIFICATIONS/ LICENSURE (Please include copies with your application)**

Certifications/ Licensure	Number	Issued by	Effective Date	Expiration Date

**EMPLOYMENT HISTORY**

*List most recent work experience first. Add extra pages if necessary.*

Employer 1.

\_\_\_\_\_  
Employer    Address    City                          State                          Zip

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Employer's Phone Number                          Supervisor's Full Name                          Supervisor's Title

\_\_\_\_\_  
Job Description                          Dates(mm/yy): From \_\_\_\_/\_\_\_\_                          To \_\_\_\_/\_\_\_\_

Employer 2.

\_\_\_\_\_  
Employer    Address    City                          State                          Zip

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Employer's Phone Number                          Supervisor's Full Name                          Supervisor's Title

\_\_\_\_\_  
Job Description                          Dates(mm/yy): From \_\_\_\_/\_\_\_\_                          To \_\_\_\_/\_\_\_\_

**CRIMINAL BACKGROUND**

**Background:** To obtain your teaching certification, you must be hired to teach, and having **a criminal history may keep you from employment**. According to H.B. 1498 (TEC21.917), Texas school districts will run a Criminal Background Check (CBC) to obtain criminal history information on every employee, candidate for employment, and observer in schools. **The State Board for Educator Certification will also run a fingerprint check. A criminal history may keep you from employment with a school district and from acceptance into the Teacher Certification Program.**

**Have you ever been convicted of a crime other than a traffic ticket or parking violation?**    No    Yes  
If yes, on the space provided below, state the crime/s, location of the court where you were convicted, date of conviction and **current disposition or status**, including length of probation, parole, fine or time served. Attach additional sheets if necessary.

\_\_\_\_\_

**Have you received deferred adjudication for a crime?**    No    Yes  
**Note:** You must answer yes, even if you have completed the deferred adjudication and you have been advised or do not feel that the crime is or should be reflected on your record. If you have received deferred adjudication for a crime, we encourage you to contact a lawyer to have the incident expunged from your record.  
**If yes**, on the space provided below, state the crime/s, location of the court where you were convicted, date of conviction and current disposition or status, including length of probation, parole, fine or time served. Attach additional sheets if necessary.

\_\_\_\_\_

**ADDITIONAL DOCUMENTS (please attach additional sheets if necessary)**

1.	2.	3.
4.	5.	6.

**I certify that all of the above information is true, accurate, and complete. I understand that any misrepresentation or willful omission of facts shall be sufficient cause for disqualification of this application from further consideration.**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_