

Alternative Teacher Certification Program (ATCP)
"Our Teachers Transform the Future"

- Approved by the State Board for Educator Certification (SBEC) -

PRE-ADMISSION CHECKLIST

Date of application: _____

Please print clearly

Complete name: Last, First, Middle	
Maiden name when applicable	
Social Security Number	
Cell phone number: Area code, number	
E-mail address	
Area of Certification interested in: <i>Check one</i>	<input type="radio"/> Bilingual Generalist EC-6 <input type="radio"/> Generalist 4-8
Information required for SBEC reporting: Date of birth -----	
1. I have prior unsuccessful attempts on any TExES or ExCET exams.	
2. I have been unsuccessful in completing other teacher preparation programs.	
3. I have been released, asked to resign, subject to contract non-renewal, or suspended from employment by a school district.	
4. I have taught in Texas for 3 or more years on a permit and/or certificate.	
5. How did you hear about our program? <i>Check one</i>	<input type="radio"/> The Monitor <input type="radio"/> Town Crier <input type="radio"/> Facebook <input type="radio"/> Friend <input type="radio"/> Internet/Website <input type="radio"/> TV
Specify other teacher preparation programs in which you have participated and dates-----	