

Application for Enrollment: Teacher Alternative Certification Program

HCDE Alternative Certification Division - 6300 Irvington Blvd - Houston, TX 77022 - 713-696-1348

Personal Information: Please Print Name							Area of Interest:			
							 □ EC-6 Core Subjects □ EC-6 Bilingual Core Subjects 			
Address							☐ EC-6 ESL Core Subjects ☐ EC-12 Special Education			
City_	City State ZIP							☐ 4-8 Mathematics		
Hom	ne Phone			Cell Phone)			7-12 Mathematics 4-8 Science		
Soci	al Security Number_							7-12 Science 7-12 Life Science		
Email Address							☐ 4-8 Eng/LA/Reading			
Are t	there any other name	es which may appear o	on your docume	entation? Please list	below.		Ц	7-12 Eng/LA/Reading		
	cation: ege/University	Location		Degree		Dates Attende	d	Major		
		official transcripts in a evaluation from an app						must include (1) official translation		
anu	a course-by-course (evaluation from an app	orovea creait ev	aluation service. The	ese documen	is will not be retu	rnea.			
Emp	oloyment History: F	Please list all positions	you have held	beginning with the m	ost recent.					
Nam	e of Employer	Location		Dates of Empl	oyment	Job Title/Desc	ription			
Acknowledgement: Please provide answers to the following questions. Yes No										
		ed to or participated in	any other teacl	her preparation progr	am? If yes, a	attach a written ex	planation.			
	☐ Have you ever been issued an emergency teaching permit? If yes, attach a written explanation with dates, school location and subject(s) taught.									
	☐ Have you ever been convicted of a felony or misdemeanor? If yes, attach a written explanation.									
	□ Do you need a visa sponsorship in order to be employed as a teacher?									
	☐ Are you currently in the military, or have you ever been in the military (including the National Guard or the Armed Forces Reserves)?									
	_		ve you ever be	cirili tile ililitary (iliei	dding the rea	nonai Guara or in	C Allica I	orous reserves):		
	☐ Are you eligible required that each ar		· certification nr	enaration program he	subject to a	criminal record ch	neck The	following information on date of birtl		
	ethnicity is used to in		continuation pro	oparation program se	-	Gender:	10011. 1110	renewing information on date of sind		
Date	of Birth: Month		Day	Year		☐ Male ☐	Female			
Eth	nicity:	an/Alaskan native 🗌 . [Black (non-Hispa	nnic) 🗌 White (non-H	lispanic) □ I	Hispanic/Latino □	Asian/Pa	cific Islander 🗌 Multi-racial		
infor Tead	mation which later p	roves to be false or inc ification Program. I he	complete shall re	esult in sufficient cau	se for immed	iate dismissal fror	n the Harr	erstand that selection based upon is County Department of Education information for employment		
Applicant's Signature:							Date:			