



Intern. Teacher A.C.P. Application Form



Please note that your application will be processed for the next available group. Application deadlines are posted on the It/ACP website <http://www.itacp.com>

Name _____ Date _____

Legal Last Name First Name Middle Name

Maiden Name and/or Other Names Used on Legal Documents

Address _____

Street, Apt # City State Zip Code

Home Phone: (____) _____ Alternative Phone: (____) _____

E-mail Address _____

Social Security Number (if available) _____ - _____ - _____

Driver's License Number (if available) _____ State _____ Expiration Date _____

Are you currently a US citizen? YES NO Current Visa Type _____ Expiration Date _____

Identify which certification for which you are currently seeking:

_____ Bilingual Generalist EC-6 _____ ESL Generalist EC-6 _____ Generalist EC-6

Degree BA _____ M. Ed. _____ Ph.D./Ed.D. _____ Other (i.e. foreign teacher) _____

University Attended _____ Date of graduation _____

Specialization Area (i.e., math, languages, science) _____

Have you ever applied to a teacher certification program before? _____ YES _____ NO

Have you ever taught as a Contract Teacher under a Deficiency Plan? _____ YES _____ NO

If yes: When? _____ Which University Program wrote the plan? _____

Have you ever taught as a Contract Teacher under a District Permit? _____ YES _____ NO

If yes: When? _____ Which University Program wrote the plan? _____

Please provide your birth date to verify whether there have been previous teaching permits.

Birth date: ____/____/_____

Interviewed by:

Carmen Cuprill-Young _____

Date of Interview _____