

Applicant's First and Last Name: _____



San Joaquin County Office of Education
Fredrick A. Wentworth, Superintendent

Teacher Development Department & Teachers College of San Joaquin
P.O. Box 213030 • Stockton, CA 95213-9030
Office: 209-468-9116 • Fax: 209-468-9124 • teacherdevelopment@sjcoe.net
Website: www.impactintern.org & www.teacherscollegesj.org
Submit your application with all required documentation to this mailing address.

Program Application

A bachelor's degree (or higher), any major, is required to apply. Applications must be legible and complete with required documentation described in each section, as it applies to each candidate, or the application will be returned and not processed ("no" as well as "yes" answers are required for ALL blanks, do not leave a "no" answer blank). "Official" means the official document, not a copy-not necessarily in a sealed envelope. Candidates must submit documents themselves (i.e. not have institutions send to our office). PLEASE TYPE, PRINT OR WRITE LEGIBLY. **Enclose \$250 with your application, checks payable to SJCOE (half of the pre-service fee).**

1. PERSONAL INFORMATION

First name _____ Middle _____ Last _____

Maiden or prior last name: _____ Address (street/apt/unit) _____

City _____ State _____ CA _____ Zip _____

Home Phone: () _____ Cell: () _____

Work Phone: () _____ Home Email: _____

Are you a Paraprofessional Program participant? _____ With what program? _____

Have you ever been in an intern program? _____ With which program? _____

Prior Profession Before Deciding to Teach: _____

How did you hear about our program (check): _____ District/School _____ IMPACT Information meeting
_____ Recruitment Event _____ IMPACT participant _____ a teacher _____ CTC website
_____ IMPACT website _____ Call/spoke to advisor _____ Other (briefly explain): _____

2. PROGRAM CHOICES (To which are you applying)

- Single Subject (indicate subject) _____ Multiple Subject _____
- Education Specialist Credential -circle the authorization you want to earn: Mild/Moderate Moderate/Severe Early Childhood
- Career and Technical Education Credential _____ Industry Sector: _____
- Added Autism Authorization _____ (SKIP #3 if this is your program choice-no documents required)
- Other Possible Program Interest (circle) MA Administrator's Credential or _____
- In which county/counties do you want to teach: _____
- When do you want to/are available to start (month/year) _____

3. OFFICIAL DOCUMENTS - Must include official transcripts from all colleges

a. Do you have a **College degree**? _____ Submit official transcripts, showing your degree. As well, submit officials from other colleges attended (e.g. community college). A degree (BA or higher) is required to apply.

Tell us: Degree _____ Year Earned _____ Major _____ College (full name & state) _____

b. Are you a **CTE candidate**? _____ If yes, and you do not have a college degree, submit your official high school diploma, or passage of GED verification, or the foreign equivalent of a high school diploma.

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- c. Are you a **CTE** candidate? _____ If yes, submit your preliminary credential with this application if you have one (copy of the application if not issued yet). If you don't have a preliminary, when will you apply? _____



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3. OFFICIAL DOCUMENTS (Please submit all required official documents that apply to you with this application)

- d. Did you take and pass the **CBEST**? _____ If yes, submit the official passing verification card with this application.
- e. Did you graduate from a **CSU campus**? _____ If yes, you have fulfilled the teacher U.S. Constitution requirement.
- f. Did you fulfill the teacher U.S. Constitution requirement by exam? _____ If yes, provide the official certificate.
- g. Have you passed **CSET** (all subtests)? _____ If yes, submit the official (not a copy) passing verification.
- h. Have you demonstrated **subject matter competency** through your college program? _____ If yes, submit the official verification from your college (i.e. a letter or form; transcript is not sufficient).
- i. Do you have a credential? _____ If yes, submit a copy. Credential type: _____

4. EMPLOYMENT

- Are you employed as a teacher? _____ If yes, circle one: Substitute Regular Contract Other _____
- Do you have a teaching contract/employee agreement? _____ If yes, attach a copy.
- If you are teaching, which District _____ School _____ Grade _____ Subject _____
- If you are not teaching, but you are employed: Employer _____ Position _____

OFFICE USE				
Program	Done	DUE	NA	Notes Details
Bachelor's or higher degree				
CBEST				
CSET				
CTE Credential Held				
Education Specialist Held				
HS Diploma				
Multiple Subject Credential Held				
Multiple Subject CSET+Writing Skills				
Official Transcripts				
Preliminary CTE Credential Processed				
Pre-service 140 hours				
Pre-service EL 40 hours				
Single Subject Credential Held				
SMC Program				
US Constitution Requirement				
Advisement Appointment				
STAFF (initial when done)				
Participant Data Entered				
Cohort Assigned & Enrolled				
Admission letter + docs mailed				
Other:	Program	Application		