**Oconee RESA**

Georgia **T**eacher **A**cademy for **P**reparation and **P**edagogy(TAPP) Application
**Elementary Education Alternative Practicum**

(Formerly named Early Childhood Certification Alternative Pathway)

**(Complete this application *only* if you are applying for Elementary Education Add-on)**

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| Today’s Date:  |
| **APPLICANT INFORMATION** |
| GaPSC Certification ID Number: |  |
| First: | Middle: | Last: |
| Current Street Address:  |
| City:  | State:  | Zip Code:  |
| Home Phone (include area code): | Cell Phone (including area code): | School Phone and Extension: |
| School Email: | Personal Email:  |
| Gender: [ ]  Female [ ]  Male |
| Ethnicity: [ ]  American Indian [ ]  Asian [ ]  Black [ ]  Hispanic [ ]  Multi-Racial [ ]  White [ ]  Other |
| **program admission Requirements**  |
| **Documents** | **Yes or No** **(Mark appropriate box)** |
| Current Induction Pathway I, Professional, Advanced Professional or Lead Professional Georgia Teaching Certificate | Yes [ ]  No [ ]  |
| Eligible for Non-Renewable Professional Teaching certificate in ECE  | Yes [ ]  No [ ]  |
| MOU with Principal | Yes [ ]  No [ ]  |
| P-5 Position | Yes [ ]  No [ ]  |
| GACE Elementary Education (001 and 002)  | Yes [ ]  No [ ]  |
| HB 671 – Exceptional Child | Yes [ ]  No [ ]  |
| Official Transcript | Yes [ ]  No [ ]  |
| Professional Learning Transcript | Yes [ ]  No [ ]  |
| Candidate support Team (Assigned by the School District) | Yes [ ]  No [ ]  |
| Professional Learning Plan for Elementary Education Add-On through Oconee RESA | Yes [ ]  No [ ]  |

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| **EMPLOYMENT STATUS** |
| Name of School District: |  |
| Name of School: |  |
| School Phone Number and Extension |  |
| Principal’s Name: |  |