



**ONLINE TEACHER EDUCATION PROGRAMS
APPLICATION PROCESS**

It is the student’s responsibility to **submit** the following forms and documents in **one complete packet** to Rio Salado College, Student Services Program Admissions, 2323 W. 14th Street, Tempe, Arizona 85281. All materials must be submitted as noted below. Any packet of information that is incomplete will be determined “unacceptable” and not considered as meeting requirements for acceptance or admission to the Teacher Education Programs. Students with incomplete application packets are responsible for resubmitting it to the Selected Teacher Education Program if consideration for admission is still desired.

- _____ 1. **Application for Admission:** Submit a typed or printed completed form.
- _____ 2. **Completion of required courses:** All Teacher Education courses must be completed with a grade of “B” or better. All Academic General Education courses must be posted with a GPA of 2.5 or higher.

Must (check one) X

- **Undergraduate Pathway (Northcentral University)**
 - **Elementary**
 - **Secondary** _____ **Content**
 - **Special Education** LD MR ED OHI OI
- **Post-Baccalaureate**
 - **Early Childhood**
 - **Elementary**
 - **Secondary** _____ **Content**
 - **Cross Categorical** LD MR ED OHI OI
 - **Art** **Music** **Dance** **Dramatic Arts**
- **Endorsement**
 - Early Childhood**
- **Ashford University partnership**
 - **Elementary**
 - **Secondary** _____ **Content**
 - **Cross Categorical** LD MR ED OHI OI

- _____ 3. **Transcript Verification:**
 - A. Indicate if you have received formal notification that Rio Salado has accepted prior education coursework as transfer credits. **Circle one** yes no
 - B. Have you taken U.S. and/or AZ Constitution? **Circle one** yes no If yes, please identify prefix(s)

 - C. One **Official** copy (not photocopied) transcript must be sent to Rio Salado College from the college/university that awarded the **Baccalaureate** Degree. The Baccalaureate degree must be from a regionally accredited institution. If you are an **undergraduate** student, an official transcript(s) will be required if you have transferred credits from other institutions.

- **Early Childhood Endorsement:** Certified teachers only submit a copy of current Teaching Certification

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- _____ 4. **Fingerprinting:** Arizona residence must submit copy (certified by a notary) of an Identity Verified Prints (IVP) fingerprint clearance card from the Arizona Department of Public Safety. Out of state residence must submit a copy or official verification of a valid fingerprint clearance. The clearance must be valid for the duration of your program. All in-state and out-of-state students must provide a valid fingerprint clearance card issued by the Arizona Department of Public Safety when applying for an Arizona teaching certificate.

If you already have a valid fingerprint clearance card issued to you by the Arizona Department of Public Safety prior to January 1, 2008, it is acceptable until its expiration date. Otherwise you must obtain an IVP fingerprint clearance card.

Students who have submitted a copy of their fingerprint clearance card for practicum placements are still required to submit a copy of their valid fingerprint clearance card to complete their formal application.

- _____ 5. **Teacher Education Academic Assessment Test:** (Early Childhood **Endorsement** exempt) (Accuplacer or ASSET) Submit a copy of passing scores of all required areas. If you chose a remediation plan with specified required course(s) list the course, the grade received, and the college where taken.

- _____ 6. **Biographical Information Sheet:** Submit completed form.

- _____ 7. **Two Letters of Recommendation:** Submit two confidential letters, in individually sealed envelopes, using the form provided.

- _____ 8. **Student Teaching Lab Request:** Submit completed form.

- _____ 9. **If English is Not Your Native Language,** submit your TOEFL scores.

- _____ 10. **Are you an international student? Circle one** Yes or No

If you answered yes, indicate below the type of VISA you are currently approved for:

I verify that the application information I have submitted in this packet accurately represents my prerequisite course work as required by the Rio Salado Teacher Education Program.

NAME (Print)

DATE

STUDENT I.D./SS#

FOR COLLEGE EDUCATION USE ONLY:

Interview Date: _____

Committee Action: _____

Approve Disapprove

Chairperson's signature

Date



Teacher Education Programs Application for Admission

Please type and complete entire application.

1. Name (Last, First, Middle) list if needed (Former Last Name(s))	Student I.D./ SS#	DOB		
2. Address: (Number, Street, Apartment)		(City, State, Zip)		
3. Telephone (include area code)	E-mail			
4. Professional Program: <input type="checkbox"/> Undergraduate/Associate Degree <input type="checkbox"/> Post Baccalaureate <input type="checkbox"/> Early Childhood Endorsement Major Area <input type="checkbox"/> Early Childhood (Birth - 3) <input type="checkbox"/> Elementary Education (K-8) <input type="checkbox"/> Special Education (K-12) <input type="checkbox"/> Cross Categorical <input type="checkbox"/> LD <input type="checkbox"/> MR <input type="checkbox"/> ED <input type="checkbox"/> OHI <input type="checkbox"/> Health Impairments <input type="checkbox"/> Secondary Education (7-12) Certifiable content area _____ <p style="text-align: center;">MUST CIRCLE YOUR CHOICE</p>				
5. LIST ALL SCHOOLS AND EDUCATIONAL PROGRAMS ATTENDED BEYOND HIGH SCHOOL				
NAME OF INSTITUTION	LOCATION (CITY, STATE)	DATES ATTENDED FROM/TO	DEGREE (IF ANY), YEAR, MAJOR	CURRENTLY ENROLLED (NUMBER OF CREDITS)
State your cumulative Bachelor's GPA _____				
A.R.S. Section 13-3716 requires applicants to give notice of conviction of, admission of committing, or pending trial for any of the following offenses: sexual abuse of a minor, incest, first or second degree murder, sexual assault, exploitation of a minor, commercial sexual exploitation of a minor, aggravated or armed robbery, a dangerous crime against children as defined in A.R.S. Section 13-604.01, sexual conduct with a minor, molestation of a child, or exploitation of minors involving drug offenses. Have you been convicted of, admitted committing, or are you awaiting trial for any of the above-listed dangerous crimes against children? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you been convicted of, admitted committing, or are you awaiting trial for a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If English is not your native Language:				
Please submit your TOEFL Score _____ Date Taken: _____				
An official report must be sent. To have your scores reported, write to: TOEFL, Box 899-TR, Princeton, NJ 08541, U.S.A.				

CERTIFICATES/ENDORSEMENTS (post-baccalaureate only)

Type of certificate	Endorsements	Issue Dates	Expiration Date
Have you ever had a certificate revoked, suspended, denied or have you ever received a reprimand or other disciplinary action involving certification? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please give details on a separate sheet, signed, dated and notarized.)			

SCHOOL EXPERIENCE: *Including pre-school and K-12(Do not include Rio Salado EDU practicum requirements)*

District Name/ Address (Street, City, State)	Assignment Subject	Grades/	Dates of Employment Mo./Yr. to Mo./Yr.	Full time (Yes/No)	Reason for Leaving

EXPERIENCE WITH CHILDREN OTHER THAN FORMAL SCHOOL EXPERIENCE:

Dates (From/To)	Firm or Employer Address	Position or Title	Full Time (Yes/No)



Teacher Education Programs Student Teaching Application

This application must be submitted with your Formal Application to the Teacher Education Program.

Name: _____ SS# _____ Date: _____

Day Phone: _____ Evening Phone: _____

I am not applying for Rio Salado's formal student teaching lab. I intend to replace the 9- week student teaching requirement with the State Department of Education's option of teaching for two years in a classroom. I understand that it is my responsibility to verify the requirements with the State Department of Education and submit the necessary paperwork. I am aware that without student teaching on a transcript, I have not completed Rio Salado's state approved program and that some states may not accept my Arizona Teaching Certification. ***Do not complete the remainder of this application.***

STUDENT TEACHING: You ***must be formally admitted*** to the Teacher Education Program at least **four (4) months prior to your requested student teaching start date.** Two weeks prior to your student teaching start date, all your course work must be completed and graded, and you must have a passing score on the AEPA or comparable state Subject Knowledge Exam in your area of concentration. AEPA information, registration and study guides are available at <http://www.aepa.nesinc.com/>. AEPA Scores take one month to post. Please be realistic about these timelines when selecting your student teaching start date. Complete the following by marking the appropriate boxes and adding the Concentration area for Special Education (i.e. Cross Categorical) or Arts (i.e. Music, Drama), or the Subject Knowledge Area for Secondary (i.e. Math, English). Any changes to this student teaching request must be submitted to the Field Experience Coordinator well in advance of your requested start date or you could incur a \$100.00 rescheduling fee.

MUST CHOOSE ONE ON EACH LINE:

<input type="checkbox"/> Post Baccalaureate	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Endorsement		
<input type="checkbox"/> Early Childhood	<input type="checkbox"/> Elementary	<input type="checkbox"/> Secondary	<input type="checkbox"/> Special Education	<input type="checkbox"/> Arts Education
		Concentration Area:	Subject Knowledge Area:	Concentration Area:

REQUESTED DATE to begin student teaching assignment:

January 20 _____ March 20 _____ August 20 _____ October 20 _____

Directions: Please indicate below your First, Second and Third Choices of grade level or content teaching area, school and teacher, if you have a preference. Do not list schools where your children attend, as these schools will not be approved for your student teaching placement. ***NOTE: Although, every effort will be made to provide you with your choices, Rio Salado CANNOT guarantee this will occur.***

First Choice

Grade level/content teaching area: _____

School: _____ District: _____

Teacher (if you have a preference): _____

Second Choice

Grade level/content teaching area: _____

School: _____ District: _____

Teacher (if you have a preference): _____

Third Choice

Grade level/content teaching area: _____

School: _____ District: _____

Teacher (if you have a preference): _____



Teacher Education Early Childhood Internship Application

*This application must be submitted with your Formal Application to the Teacher Education Program.
Early Childhood Internship Application does not need to be completed by students enrolled in the
Post-Baccalaureate Elementary, Secondary, or Special Education program.*

Name: _____ ID/SS# _____ Date: _____

Day Phone: _____ Evening Phone: _____

Post Baccalaureate

Endorsement

All students must pass the AEPA (or comparable state exam approved by the Arizona Department of Education) in the Early Childhood subject knowledge area prior to Student Teaching or Internship.

I am not applying for Rio Salado's formal Infant, Toddler, Preschool Internship(s).

I intend to waive the 4 credit Internship requirement with the State Department of Education's option of **one (1) year** of verified full-time teaching experience in an appropriate setting with children in birth through preschool. I understand that it is my responsibility to verify the requirements with the State Department of Education and submit the necessary paperwork. I am aware that without student teaching on a transcript I have not completed Rio Salado's state approved program and that some states may not accept the Arizona teaching certificate.

Do not complete the remainder of this application.

Date available to start Internship: All coursework and the AEPA Early Childhood subject knowledge test(s) or comparable state exams must be completed at least two weeks prior before student teaching. Check www.aepa.nesinc.com for AEPA test dates prior to requesting dates for your student teaching lab.

Jan 200 ____ March 200 ____ August 200 ____ October 200 ____

Directions: Check your preference below and list school choices. Do not list schools where your children attend, as these schools will not be approved for your student teaching placement. **NOTE: Although, every effort will be made to provide you with your choices, Rio Salado CANNOT guarantee this will occur.** Any changes to this student teaching request must be submitted to the Field Experience Coordinator well in advance of your requested start date or you could incur a \$100.00 rescheduling fee.

9 weeks (½ day) working with **Infants, Toddlers, or Preschoolers**

4 ½ weeks (**FULL** day) working with **Infants, Toddlers, or Preschoolers.**

First Choice

School: _____ Phone Number: _____

Address: _____

Teacher (if you have a preference): _____

Second Choice

School: _____ Phone Number: _____

Address: _____

Teacher (if you have a preference): _____

Third Choice

School: _____ Phone Number: _____

Address: _____

Teacher (if you have a preference): _____

Confidential Letter of Recommendation
(must have two letters)

Student's Name _____ *Date:* _____

The above mentioned student is applying for admission into the Rio Salado College Teacher Education Programs. As part of the process, he/she has requested that you complete this letter of recommendation. **Please keep in mind that we will be evaluating this individual's potential as a teacher.**

Please indicate the strengths you believe the teacher candidate possesses that will help him/her become a teacher.

Please indicate possible concerns you have about this student becoming a teacher.

On a scale from 0-5, (5=exceptional; 1=very poor; 0=don't know) please rate this individual in the following areas:

- _____ 1. Verbal skills
- _____ 2. Social adjustment
- _____ 3. Dependability
- _____ 4. Written communications skills
- _____ 5. Oral communication skills
- _____ 6. Overall ability

Other comments or narrative:

How long have you known this individual? _____ In what capacity? _____

_____	_____
Position or Title	Print Name
_____	_____
Agency	Signature

	Date

Place in a sealed envelope and mark it: **CONFIDENTIAL**
Rio Salado Teacher Education Programs
Recommendation Letter for _____

Please return Letter of Recommendation to prospective student who will include the envelope in his or her formal application packet.

Confidential Letter of Recommendation
(must have two letters)

Student's Name _____ *Date:* _____

The above mentioned student is applying for admission into the Rio Salado College Teacher Education Programs. As part of the process, he/she has requested that you complete this letter of recommendation. **Please keep in mind that we will be evaluating this individual's potential as a teacher.**

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- _____ 1. Verbal skills

- _____ 2. Social adjustment

- _____ 3. Dependability

- _____ 4. Written communications skills

- _____ 5. Oral communication skills

- _____ 6. Overall ability

Other comments or narrative:

How long have you known this individual? _____ In what capacity? _____

_____	_____
Position or Title	Print Name
_____	_____
Agency	Signature

	Date

Place in a sealed envelope and mark it: **CONFIDENTIAL**
Rio Salado Teacher Education Programs
Recommendation Letter for _____

Please return Letter of Recommendation to prospective student who will include the envelope in his or her formal application packet.