

Initial Teacher Certification Residency Application for Physical Education

Date of Application	<input type="text"/>	UTA ID #	1000_____
Last Name	<input type="text"/>	First Name	<input type="text"/>
Home Telephone	() <input type="text"/>	Middle Name	<input type="text"/>
*UTA E-Mail Address:	<input type="text"/>	Alternative Telephone	() <input type="text"/>
Mailing Address:	<input type="text"/>	**Alternative E-Mail Address:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/> ZIP: <input type="text"/>
Date of Birth	mm/dd/yyyy: <input type="text"/>	Ethnicity (optional):	<input type="checkbox"/> American Indian/Alaskan Native
Gender	Female <input type="checkbox"/> Male <input type="checkbox"/>		<input type="checkbox"/> Asian or Pacific Islander
			<input type="checkbox"/> Black/African American
			<input type="checkbox"/> Citizen of another country (not a Resident Alien)
			<input type="checkbox"/> Hispanic
			<input type="checkbox"/> White/Non-Hispanic Origin
			<input type="checkbox"/> Other:

***Email Address:** You will receive your residency information via your UTA email address. Please enter that address here. If you do not have a UTA e-mail address, you will need to establish one before submitting this application. (Check <http://www.uta.edu/oit/email/> for instructions about setting up your MavMail account.) This address will be the primary and official means of communication with you during the residency.

**Note: AOL blocks all email sent from a distribution list

¹If you require an accommodation, due to disability, to matriculate through this program, please let us know at your earliest convenience so that we can verify and appropriately accommodate you. This program begins with contacting the Office for Students with Disabilities.

Résumé: Please complete a résumé, and attach it to this application. Limit it to two (2) pages. You will need to make four copies (4) to be distributed to the personnel office of the school districts.
Incomplete and unprofessional resumes will be returned to candidates to be edited and re-submitted.

CHECKLIST:

- Application – Deliver one (1) copy to the Field Placement Office and one (1) copy to the Dept. of KINE office
- Notification of Pending Criminal Background Check
- Résumé– Four (4) copies collated and stapled
- Place all applications and envelopes in one manila file folder

TO THE BEST OF MY KNOWLEDGE, THE STATEMENTS CONTAINED WITHIN THIS APPLICATION ARE ALL TRUE AND CORRECT. KNOWINGLY FALSIFYING ANY INFORMATION ON YOUR APPLICATION COULD CONSTITUTE SCHOLASTIC DISHONESTY AND COULD LEAD TO DISMISSAL FROM THE PROGRAM.

Print name Date:

Signature _____

Remember to include your 4 resumes with this application

If you are have been hired as an educational aid for this semester, place a check here: _____.

The following must be completed before your application for the internship or residency can be processed:

UNDERGRADUATE

TE_xES Exams completed:

- Successful completion of pre-requisite coursework
- GPA 2.75 (min.) overall or for last 60 hours completed
- 2.75 GPA in all COEd courses and no grade in EDED/EDUC/EDML/READ below C
- Appropriate scores on the THEA exam

<u>Exam</u>	<u>Level or Area</u>	<u>Date</u>
PPR	EC-12	
Content	PE EC-12	
Second Optional		

Deadline Fall March 1/Spring October 1

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Bachelor's degree (4 years)? (check "yes" or "no" on the left) If <u>NO</u> , anticipated date of graduation and area of specialization _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been a teacher's assistant/aide? If <u>YES</u> , please complete the following information: School _____ Date _____ Grade Level(s)/Subject(s) _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been dismissed from a certification program? If <u>YES</u> , explain the reasons for dismissal. _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you sought certification through another university-based program, alternative certification program, or other certification entity? If <u>YES</u> , did you successfully complete this program? If <u>NO</u> , explain the reasons for not completing the program. _____
<input type="checkbox"/>	<input type="checkbox"/>	If you have a request for a mentor and placement in mind please provide: Elementary Mentor School and District: _____ Elementary Mentor Name: _____ Elementary Mentor Contact Information: _____
<input type="checkbox"/>	<input type="checkbox"/>	If you have a request for a mentor and placement in mind please provide: Secondary Mentor School and District: _____ Secondary Mentor Name: _____ Secondary Mentor Contact Information: _____

Any student who did not successfully complete the requirements for teacher education certification in an undergraduate or graduate program at UTA will not be allowed to pursue teacher certification through another program at UTA, including probationary certification.

RETURN TO YOUR KINE ADVISOR, DEPARTMENT OF KINESIOLOGY, PEB, ROOM 112.
Applications Due By: March 1 for FALL or October 1 for SPRING

NOTIFICATION OF PENDING CRIMINAL BACKGROUND CHECK:

School districts do conduct criminal background checks. The Texas State Board for Educator Certification may revoke, not issue or not renew the certificate of a person who has been convicted of or admitted in open court or pursuant to a plea agreement committing any of the criminal offenses prescribed in the subsection below this section or of a similar offense in another jurisdiction.

Please read the following information and sign below indicating that you understand and have read the information regarding criminal background check

- Sexual abuse of a minor
- Incest
- First or second-degree murder
- Sexual Assault
- Sexual Exploitation of a minor
- Commercial Sexual Exploitation of a minor
- Robbery
- A dangerous crime against children as defined in section 13-604.01
- Sexual conduct with a minor
- Molestation of a child
- Exploitation of minors involving a drug offense
- Kidnapping
- Arson
- Felony offenses involving contributing to the delinquency of a minor
- Felony offenses involving sale, distribution or transportation of; offer to sell, transport, or distribute; or conspiracy to sell, transport or distribute marijuana or dangerous or narcotic drugs
- Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs.
- Misdemeanor offenses involving the possession or use of marijuana or dangerous or narcotic drugs
- Burglary in the first degree, second or third degree
- Aggravated or armed robbery
- Child abuse
- Voluntary manslaughter
- Aggravated assault
- Assault
- Driving under the influence of intoxicating liquor or drugs, or aggravated driving under the influence of intoxicating liquor or drugs
- Offenses involving domestic violence

I have read the information listed above and understand that if I am affected by this law, I should contact the personnel office of the school districts where I have applied for internship/residency:

Print name

Date:

Signature
