**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: |  |