



MIDDLE GEORGIA RESA
ALTERNATIVE PREPARATION FOR EDUCATIONAL
LEADERSHIP PROGRAM
TIER II: EDUCATOR CANDIDATE APPLICATION

Candidates applying for the Alternative Preparation for Educational Leadership Program must complete all fields of the Candidate Application.

Candidate Information		
Last Name	First Name	Middle Initial
Street Address		
City	State	Zip
Home Phone	Work Phone	Cell Phone
Last 4 digits of your Social Security Number		
Email Address		
Current position and District		
School/Organization		Years Experience in Education
Highest Degree Held:	Awarding College/University:	
Current Leadership Certificate Type: <input type="checkbox"/> Level 5 or Higher Standard Professional Educational Leadership Tier I <input type="checkbox"/> Standard Professional L in Educational Leadership <input type="checkbox"/> Standard Professional PL in Educational Leadership		
Institution or Agency from Which You Earned your Current Leadership Certificate:		
GA Teaching Certificate #:		Expiration Date:
Have you taken the GACE? <input type="checkbox"/> Yes Date Taken: _____ Score: _____ <input type="checkbox"/> No		
Have you passed the Georgia Ethics for Educational Leadership Assessment? <input type="checkbox"/> Yes Date Taken: _____ Score: _____ <input type="checkbox"/> No		



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Assurances

District Assurance

This is to certify that _____ has received an offer of employment from _____ School District and is being recommended for admission into the Alternative Preparation for Educational Leadership Tier II Program. If selected for the program this candidate will be available to work in a Tier II leadership position within our school and/or district one-half day or more each day.

Printed Name of Human Resources Director: _____

Signature of Human Resources Director: _____

Contact Information: Email Address: _____

Telephone Contact: _____

I prefer to be contacted by: _____ email _____ telephone _____ other (specify) _____

Superintendent's Signature: _____

School Assurance

It is my understanding that _____ has received an offer of employment from _____ School District and is being recommended for admission into the Alternative Preparation for Educational Leadership Tier II Program. If selected for the program this candidate will be available to work in a Tier II leadership position within our school and/or district one-half day or more each day.

Printed Name of Principal/Immediate Supervisor: _____

Signature of Principal/Immediate Supervisor: _____

Contact Information:

- Email Address: _____

- Telephone Contact: _____

I prefer to be contacted by: _____ email _____ telephone _____ other (specify) _____



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Leadership Experience (attach additional information as needed)			
Leadership Positions Held	School/District	Years in this Position	Related Training
1.			
2.			
Resume			
Attach your professional resume including the following information: <ol style="list-style-type: none"> 1. Universities/colleges attended, degrees earned, GPA 2. Educator work experience including organization, position, location, supervisor, dates 3. Leadership experience including organization, position, location, supervisor, dates 4. Evidence of performance such as newsletters, website, projects, conferences etc. 5. Other professional experience 6. Academic honors/awards earned 7. Names, addresses, phone and email of three professional supervisor references 			
Transcripts			
Include sealed transcripts for all universities/colleges attended.			
References			
Submit references that document evidence of successful performance in a leadership position that requires Tier I leadership certification.			
Writing Sample			
Include a writing sample with a minimum of 500 words, responding to the following: What was the most impactful learning experiences from your Tier I experience? What lessons did you learn? How did this change you as a leader?			
Signature and Release of Information			
<i>I understand that a false statement, omission or misrepresentation on any part of my application or materials submitted during the application process is grounds for being denied eligibility to or dismissal from Middle Georgia RESA's Alternative Preparation for Educational Leadership program.</i>			
Signature: _____ Date: _____			



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Submission of Applications	
<u>Submit Completed Applications to:</u>	
Address:	Middle Georgia RESA Attn: Christina Pearson Central GA Technical College – WR Campus Building B, Room 228 80 Cohen Walker Drive Warner Robins, GA 31088
Email:	cpearson@mgresa.us
Phone:	478 988-7170
Fax:	478 988-7176
<i>Applications must be received by March 26, 2021</i>	
Additional Information	
Dr. Robin Smith Professional Learning Director rsmith@mgresa.us	

MGRESA APEL Program Candidate Agreement

In order to maintain the structure and integrity, as well as, implement the program with fidelity, participants are responsible to know, understand, and do the following things:

Candidate Name:	Date:
Please acknowledge your understanding and agreement by initialing the criteria to be followed throughout the program or program.	Initials
1. I understand that as an educator I will display appropriate professional behavior as outlined in the MGRESA APEL Candidate Dispositions, which includes the submission of original course work.	
2. I understand that the Georgia Professional Standards Commission (GAPSC) has recognized MGRESA as an approved Education Preparation Provider (EPP) and requires instructors and candidates to adhere to the guidelines of the program. Assignment criteria are non-negotiable and must be completed as assigned.	
3. I understand that the APEL program has a specially designed program of work developed to help obtain the enhancement of the program standards; and that I will complete ALL online or in class course work (assignments, assessments, forums, etc). I understand that I will upload my work to Moodle for assessment.	
4. I understand that course content requirements and assignments will be completed by due dates to mastery as designated by the program and indicated in the course syllabus and/or scoring guides. I understand that I am required to re-accomplish and re- submit any substandard work.	
5. I understand that failure to adhere to the MGRESA Program guidelines and standards for mastery will result in failure to receive credit for the course and a non-recommendation for the award of the program.	
6. I understand that the APEL program has specific face-to-face meetings and that I am required to attend ALL onsite course meetings and seminars. The dates are provided prior to beginning the program. If an emergency arises which prevents attendance, the candidate must contact the APEL Program Manager to request permission. Failure to attend meetings may result in program dismissal.	
7. I understand that I am expected to complete the course assignments and specially designed work identified by my Candidate Support Team (CST). The work will be submitted by the assigned due dates. I am responsible for communicating and seeking any deviation from the due dates provided. Supporting documents, such as an FMLA form, must be submitted with a request for extension.	
9. I understand that if I fall two or more weeks behind, my instructor will notify the MGRESA Program Development Coordinator. As a good steward of school district funds, the Program Development Coordinator is required to notify the system when candidates are not progressing.	
10. I understand that I am responsible for procuring course materials. Outstanding fees must be paid for all prior to the recommendation of program award.	

Candidate Signature

Date



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APEL TIER I APPLICATION PACKAGE CHECKLIST

Please be sure all of the following required documents are complete and included in your application package.

_____ Application - including all required signatures for District and School Assurances

_____ Resume

_____ *Official* Transcripts

In order to be considered official, transcripts must come directly from the college or university and be in a sealed unopened envelope. Transcripts may also be submitted to us electronically, directly from the college or university. If sending electronically, please have them emailed to: Dr. Robin Smith at rsmith@mgresa.us.

_____ 3 References (see page 3)

_____ Writing Sample (see page 3)

_____ MGRESA APEL Candidate Agreement Form

_____ Copy of your Georgia Educator Certificate

Please note:

The following Payroll Deduction Agreement is required upon acceptance into the program. Please choose one form based on whether you are employed by a member or nonmember system.

MIDDLE GEORGIA RESA MEMBER SYSTEM PAYROLL DEDUCTION AUTHORIZATION

(Bibb, Crawford, Houston, Jasper, Jones, Monroe, Peach, Twiggs)

I, _____ (Employee Name), _____ (Employee ID #), authorize the deduction of **\$461.54 per month for 13 months** from my payroll check by the _____ (District Name) County School District payroll office. The deduction will begin **May 2021 and continue through May 2022**. This deduction is being made to care for the cost of the **MGRESA Alternative Preparation for Educational Leadership (APEL)**, at a total cost of **\$6,000.00**.

If necessary, **Second or Third Year Program** fees will be handled through payroll deduction during the subsequent school year(s). A new Payroll Deduction Authorization Form will be completed for these fees.

Should I leave the employment of _____ (District Name) County Schools prior to May 2022, I understand that the remaining balance due will be deducted from my final check.

Candidate Signature

Date

Printed Name, Title
Human Resources/ Payroll Representative

Signature, Human Resources/ Payroll Representative

Date

*** Candidate will complete and submit this form to his/her school system HR/Payroll Dept.

*** HR/Payroll will return the completed form to Christina Pearson (cpearson@mgresa.us)

Contact Person: Christina Pearson
Administrative Assistant, PL
Middle Georgia RESA
80 Cohen Walker Drive
Warner Robins, GA 31088
PH: 478-988-7163
FAX: 478-988-7176

**MIDDLE GEORGIA RESA
NON-MEMBER SYSTEM
PAYROLL DEDUCTION AUTHORIZATION**

I, _____ (Employee Name), _____ (Employee ID #), authorize the deduction of **\$526.92 per month for 13 months** from my payroll check by the _____ (District Name) County School District payroll office. The deduction will begin **May 2021 and continue through May 2022**. This deduction is being made to care for the cost of the **MGRESA Alternative Preparation for Educational Leadership (APEL)**, at a total cost of **\$6,850.00**

If necessary, **Second or Third Year Program** fees will be handled through payroll deduction during the subsequent school year(s). A new Payroll Deduction Authorization Form will be completed for these fees.

Should I leave the employment of _____ (District Name) County Schools prior to May 2022, I understand that the remaining balance due will be deducted from my final check.

Candidate Signature

Date

Printed Name, Title
Human Resources/ Payroll Representative

Signature, Human Resources/ Payroll Representative

Date

***** Candidate will complete and submit this form to his/her school system HR/Payroll Dept.**

*****HR/Payroll will return the completed form to Christina Pearson (cpearson@mgresa.us)**

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