# 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:
☐ Level 5 or Higher Standard Professional Educational Leadership Tier I
☐ Standard Professional L in Educational Leadership
☐ 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?
☐ Yes Date Taken: _____ Score: _____
☐ No

Have you passed the Georgia Ethics for Educational Leadership Assessment?
☐ Yes Date Taken: _____ Score: _____
☐ No

Rev 1.24.19

## 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)

| Leadership Experience<br>(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:

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 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.*

**Signature:** _____Date: _____

## Program Cost and Payment

The cost for the twelve-month Tier I program is $6,000 for candidates within the Middle GA RESA service area and $6500 for those not within the Middle GA RESA service area. Additionally, a $350 travel expense surcharge will be added for those out of the MGRESA service area. These charges include all training (TKES/LKES) and materials as well as expenses incurred by MGRESA coaches for travel to districts. Candidates requiring extended program time for completion will be charged on a sliding scale.

APEL payments will be payroll deducted monthly through your system of employment. The appropriate payroll deduction form (attached) must be complete and submitted to the Middle Georgia RESA office before official acceptance into the APEL program.

## Submission of Applications

**Submit Completed Applications to:**

Address: Dr. Robin Smith
Professional Development Coordinator
Middle Georgia RESA
Central GA Technical College – WR Campus
Building B, Room 228
80 Cohen Walker Drive
Warner Robins, GA 31088

Email: rsmith@mgresa.us

Phone: 478 988-7170

Fax: 478 988-7176

*Applications must be received by March 13, 2020.*

## Additional Information

**Contact:** Penny Smith
Leadership Coordinator
Middle GA RESA

Email: psmith@mgresa.us

Phone Number: 478 957-3042

# 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 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

# 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 **$500.00 per month for 12 months** from my payroll check by the _____ **(District Name)** County School District payroll office. The deduction will begin **June 2020 and continue through May 2021**. 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.

**$6000/12 = $500 (cost for APEL First Year)**

**Total Amount to be Deducted $6000**

Should I leave the employment of _____**(District Name)** County Schools prior to June 2021, I understand that the remaining balance due will be deducted from my final check.

_____ _____

**Candidate Signature** **Date**

_____

**Printed Name, Title**
**Human Resources/ Payroll Representative**

_____ _____

**Human Resources/ Payroll Representative Signature** **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 **$570.84 per month for 12 months** from my payroll check by the _____ **(District Name)** County School District payroll office. The deduction will begin **June 2020 and continue through May 2021**. 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** ($6,500 tuition + $350 travel expense surcharge).

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 June 2021, I understand that the remaining balance due will be deducted from my final check.

_____ _____

**Candidate Signature** **Date**

_____

**Printed Name, Title**
**Human Resources/ Payroll Representative**

_____ _____

**Human Resources/ Payroll Representative Signature** **Date**

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