MIDDLE GEORGIA RESA
ALTERNATIVE PREPARATION FOR EDUCATIONAL LEADERSHIP PROGRAM
TIER I: 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:	
GA Teaching Certificate #:	Expiration Date:	

Additional Information	
Endorsements Held: ☐Teacher Leadership ☐Coaching ☐Teacher Support and Coaching	Have you received National Board Certification? _____ Yes _____No

Leadership Experience (attach additional information as needed)			
Leadership Positions Held	School/District	Years in this Position	Related Training
1.			
2.			

Rev 2.22.18

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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 Program. If selected for the program this candidate will be available to work in a leadership position within our school and/or district one-half day or more each day.

Printed Name of District Superintendent: _____

Superintendent's Signature _____

Contact Information:

- Email Address: _____
- Telephone Contact: _____

  I prefer to be contacted by: _____email _____ telephone _____other (specify)

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 Program. If selected for the program this candidate will be available to work in a 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 _____

Position Held: _____

Contact Information:

- Email Address: _____
- Telephone Contact: _____

  I prefer to be contacted by: _____email _____ telephone _____other (specify)

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 or have your colleges/universities send certified copies directly to:
Christina Pearson – cpearson@mgresa.us
Middle GA RESA
80 Cohen Walker Drive
Warner Robins, GA 31088

Evidence of Professional Effectiveness

Tell how you have successfully supported student achievement and/or teacher performance. What evidence do you have that your contributions were successful?

Writing Sample

This will be completed during the interview process.

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 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 – Warner Robins 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 April 20, 2018.

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
FY19 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 2018 and continue through May 2019**. This deduction is being made to care for the cost of the **MGRESA Alternative Preparation for Educational Leadership (APEL)**, at a 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 2019, 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
FY19 PAYROLL DEDUCTION AUTHORIZATION

I, _____ **(Employee Name)**,_____**(Employee ID #),** authorize the deduction of **$570.83 per month for 12 months** from my payroll check by the _____ **(District Name)** County School District payroll office. The deduction will begin **June 2018 and continue through May 2019**. 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**.

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 2019, 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
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