

OKLAHOMA NON-TRADITIONAL ROUTE TO CERTIFICATION
PROGRAM CANDIDATE APPLICATION

**ACCEPTANCE INTO AND COMPLETION OF BOOT CAMP AND THE OKLAHOMA
NON-TRADITIONAL PROGRAM DOES NOT GUARANTEE EMPLOYMENT**

NAME:

First Name _____

Middle Name _____

Last Name _____

Gender _____

PERMANENT HOME ADDRESS AND PHONE NUMBERS:

Street Address _____

City and State _____

Zip Code _____

Permanent Phone # _____

Work Phone # _____

Cell Phone # _____

Email Address _____

Current Employer and Description of Assigned Working Responsibilities:

ACADEMIC CREDENTIALS –Attach Official Copies of All Transcripts**overall grade point average of 2.75 for all degrees earned :**Institution Granting **Undergraduate** Degree_____

Undergraduate Major_____

Undergraduate Minor_____

Year Undergraduate Degree Granted_____ Grade Point Average_____

Institute Granting **Graduate** Degree (if any)_____

Graduate Major_____

Year Graduate Degree Granted_____ Grade Point Average_____

After a 3-year provisional period, I understand that I must meet all
Initials
requirements for a standard teaching certificate.

To be highly qualified I must complete certification requirements for special
Initials
education and other subject areas depending on my job assignment.

Prior Teaching or Related Experience***Please attach a current resume.***

Please list experiences in working with children and adults, ages 0-21 and length of that experience: (If no prior experience, write 'none' in the area below).

Experience One:

Length of Experience One: Years_____ Months_____

Experience Two:

Length of Experience Two: Years_____ Months_____

Experience Three:

Length of Experience Three: Years_____ Months_____

Experience Four:

Length of Experience Four: Years_____ Months_____

Why Are You Interested In Teaching Children With Disabilities?:

I am interested in working in the following Oklahoma District:_____

I am interested in teaching grade(s)_____

I am interested in teaching subjects_____

I am interested in attending the Boot Camp offered by

Restricted Personal Data.

1. Are you able to perform the essential tasks of the position of special education teacher?
2. Have you ever been convicted of an offense other than a minor traffic violation (DUI and DWI convictions are not minor and must be reported)?
3. Have you ever been arrested for or charged with a felony?
4. Have you ever been arrested for or charged with a sex-related offense?
5. Have you ever been arrested for or charged with a drug-related offense?

6. Have you ever been arrested for or charged with an act of violence including domestic violence?
7. Have you ever been discharged, separated or asked to resign from a position with a school district or with any other employer?
8. Have you ever been the subject of an investigation by a school district for any other employer?
9. Have you ever been issued an employment evaluation of any kind that denotes less-than satisfactory performance?

IF YOU ANSWERED YES TO ANY OF THE QUESTIONS FROM TWO THROUGH NINE ABOVE, YOU MUST DIRECT A CONFIDENTIAL LETTER TO THE DIRECTOR OF THE BOOT CAMP TO WHICH YOU ARE APPLYING. PLEASE INCLUDE COPIES OF ANY ARREST RECORD(S), AND ANY COURT DESPOSITION DOCUMENTS. NOTE: EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSITUTE AN AUTOMATIC BAR TO EMPLOYMENT.

I understand that any false statements, misrepresentation, or omission of facts from this application are grounds for removal from the Oklahoma Non-Traditional Route to Certification Program and dismissal from my employment while in that program. _____

Applicant's Signature

Recommending District, Interlocal Coop or Institution of Higher Education:

On behalf of _____ (District, Interlocal Co-op, or Institution of Higher Education), I recommend _____ for entry into the Oklahoma Non-Traditional Route to Certification Program.

Name: _____

Position: _____

Signature: _____

Application Process Check List:

Complete Application (Applicant initials p. 2, signature p. 5)

Signature of Recommending District, Interlocal Coop or Institution (p. 6)

Official Transcript(s) for Undergraduate &/or Graduate Degree (GPA >2.75)

Recommendation letter from a representative at a school district or
Institution of Higher Education.

Resume (for any work experience)

Copy of Driver's License (both sides)

Submission of Confidential Letter Required in **Restricted Personal Section**
(p. 4-6) Addressed To Whom it May Concern::

Preferred submission method:

Submit completed application electronically (including a scanned copy of driver's license and a copy of transcripts to):

hb1233certification@gmail.com

Alternative forms of submission:

Fax: 405-522-1590 (attention: HB1233 Certification Bootcamp Application)

Mailing Address: OSDE: Special Education Services
HB1233 Certification Bootcamp Application
2500 N. Lincoln Blvd. Suite 510
Oklahoma City, OK 73105-4599