



## NC TEACH APPLICATION

### COLLEGE OF EDUCATION

**Summer 2012**

**ONLINE Cohort**

*For Current Lateral Entry Teachers*

*(excluding Special Education Teachers-Blended Cohort only)*

Return application and supporting documents by  
March 1, 2012

To: Office of Alternative Licensure  
109 Speight Building  
College of Education  
East Carolina University  
Greenville, NC 27858-4353  
Fax: 252-737-2998

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**East Carolina University**

## NCTEACH APPLICATION

(Please complete all parts of this application using the forms provided)

**Section 1: Personal Data Sheet**

(Please Print)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Former Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_ Business Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_      Business Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ Sex: [    ] Male [    ] Female

Ethnic Origin: [    ] Asian [    ] Black [    ] White [    ] Hispanic [    ] Native American [    ] Other

Citizenship: [    ] US Citizen [    ] Non-US Citizen (Name country of citizenship) \_\_\_\_\_

Residency: [    ] NC Resident (Name county of residence) \_\_\_\_\_

[    ] Non-NC Resident (Name state of residence) \_\_\_\_\_

**Section 2: Academic History**

List all colleges and universities where you have attended, starting with the most recent.  
Attach additional pages if necessary.

<u>UNIVERSITY</u>	<u>DATES ATTENDED</u>	<u>DEGREE &amp; DATE OBTAINED</u>	<u>MAJOR</u>	<u>GPA</u>
_____	____ - ____	_____	_____	_____
_____	____ - ____	_____	_____	_____
_____	____ - ____	_____	_____	_____
_____	____ - ____	_____	_____	_____

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**Section 3: Teaching Position Information:** (must be in a North Carolina public or charter school)

School System \_\_\_\_\_

Grade Level(s) \_\_\_\_\_

Name of school where you teach \_\_\_\_\_

Date I began in this district \_\_\_\_\_

**Section 4: Current Licensure Status**

I hold a license in \_\_\_\_\_

Local Education Agency (LEA) \_\_\_\_\_

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**Section 5: Honor Statement**

**Your application cannot be processed unless this section is completed.**

The Office of Teacher Education is committed to the integrity of the prospective teachers whom they admit into teacher education and recommend for a license to teach. Prospective teachers must be appropriate role models for the students they teach. Therefore, any major violation of the student code of conduct including, but not limited to major violations of the rules relating to academic integrity, specified in Part II.S of the student code or any violations of similar rules at other institutions will result in denial of admissions to teacher education. If any such major violation occurs following admission to teacher education, licensing authorities will be notified and the Director of Teacher Education will recommend that the offender be expelled from the university in accordance with university procedures. By signing below, you acknowledge your understanding of the consequences of violations of the rules described herein and authorize the release to the Office of Teacher Education any and all official records maintained by East Carolina University and waive any requirement that you be furnished a copy of those records prior to or concurrent with their release.

Student's Signature \_\_\_\_\_

In addition to the above, have you ever been convicted of a crime other than minor traffic violations?

[ ] Yes [ ] No

Have you ever had a certificate or license revoked or suspended by any state or governing body?

[ ] Yes [ ] No

Have you ever been subjected to disciplinary action by a college or university?

[ ] Yes [ ] No

*If* the answer is yes to any of the above questions, please give an explanation on the back of this page.

\_\_\_\_\_

I certify that the information I have provided in this application and the accompanying forms is true and complete. I understand that falsifying or withholding information in this application constitutes grounds for immediate withdrawal of my application from further consideration, or cancellation of admission or registration.

I understand that by my participation in the program I agree to allow NC TEACH to share information regarding my academic progress with my employer.

I understand that any application materials submitted to the program become property of the College of Education and will not be returned.

I understand that I am required to provide my Social Security Number so that the College of Education and host site institutions can fulfill their reporting obligations under Federal and State tax laws. In addition, unless I have marked out this sentence, I am voluntarily permitting the College of Education and host site institutions to use my Social Security Number for the program's internal record keeping and information management operations.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***\*Return application by March 1, 2012 to\****  
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***109 Speight Building***  
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First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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**Application Checklist**

Please make sure you have included the following:

\_\_\_ Signed application

\_\_\_ Copy of official transcripts

\_\_\_ Copy of teaching license

\_\_\_ Copy of your contract with the school district