TWO YEAR ALTERNATIVE TEACHER PROGRAM (2YALP)

719-622-2081 | tirp@ppboces.org | www.tirp.org

Application Form

DATE OF APPLICATION: _____ APPLICATION FEE ($30): _____

Payable ONLY by cashier's check or Money Order to: PPBOCES/2YALP

A. **Personal Contact Information**

Name_____

Address_____

Street City State Zip

Phone: Home _____ Cell _____

Social Security Number _____ Birth Date _____

*Email address _____ Citizenship: US ___ Other _____

***Mandatory for the program communications** **Please state where**

Provide information below regarding degree(s) you have attained **(must also attach transcripts)**:

COLLEGE OR UNIVERSITY	DEGREE	YEAR	AREA OF CONCENTRATION

- Have you been offered a teaching position? **YES or NO (please circle)**
  - ◊ **If yes, include employment verification with application (contract, letter of employment, email from admin)**
  - ◊ If no, list what districts you are interested in: _____
- Do you have a current substitute authorization through CDE? **YES or NO (please circle)**
  - ◊ If yes, what is the expiration date? _____
- Have you passed any Praxis tests? **YES or NO (please circle) If yes, attach scores to this application.**
- Please put a **"1" under "Desired License"** for the area/subject(s) you are most qualified/interested in teaching and a **"2"** if there is another area you are interested in.

Area/Subject	***Desired License***	***Circle grade level you would like to teach***	***Area/Subject***	***Desired License***	**Circle grade level you would like to teach**
Business/Marketing 6-12		MS HS Both	Middle School Mathematics 6-8		*MS*
Computer Science K-12		ES MS HS	Music K-12		*ES MS HS*
Dance K-12		ES MS HS	Physical Education K-12		*ES MS HS*
Drama/Theatre K-12		ES MS HS	Science 6-12		*MS HS Both*
Elementary Education K-6		ES	Social Studies 6-12		*MS HS Both*
English Language Arts 6-12		MS HS Both	Special Education Generalist 5-21		*ES MS HS*
Family & Consumer Sciences 6-12		MS HS Both	Technology/Industrial Arts 6-12		*MS HS Both*
Health K-12		ES MS HS	Visual Art K-12		*ES MS HS*
Mathematics 6-12		MS HS Both	World Language K-12 (specify which language)		ES MS HS

B. **Fill out the "Experience with Children/Youth" chart, attached.**
If you have no experience with school-aged children, please indicate on the chart.

C. **Provide a Cover Letter:**
Cover letter is required for your application. Please address the following questions in 1-2 pages
1. What are some of the reasons you want to teach in the endorsement area indicated?
2. What skills and background experience do you feel you bring to the field of teaching?
3. What are some reasons you have chosen this program to get your license?
4. The PPBOCES/UCCS Two Year Alternative Licensure Program is time consuming and demanding. Describe how you plan to fit this program into your life.
5. Why do you think you will be successful?

D. **Provide an Updated Resume**
Be sure to highlight any of your teaching, mentoring or coaching experience.

E. **Provide 3 letters of Recommendation**
Letters should be dated and can be addressed, "To Whom It May Concern." Please ask individuals to address:
- Your knowledge/competency of your intended content area
- Your experience teaching or working with the age range of your intended content area
- Your professionalism and skill sets that will be useful in the teaching profession

G. **The Two Year Alternative Program** requires that you:
- attend all scheduled teacher education class sessions
- complete and submit all assignments
- allow yourself to be involved in 100 hours of professional development activities (some involving videotaping) each year of the two-year program
- stay current on program payments (please see our website at www.tirp.org)
- Failure to comply with program requirements may result in late completion or dismissal from the program.

I understand that information in this application may be shared with interested individuals in districts or schools who are members or associate members of the Pikes Peak BOCES, as well as other districts or schools who may purchase services from the Pikes Peak BOCES, including hiring alternative licensed teachers.

Please sign below indicating that you understand and agree to comply with the above requirements.

_____ _____
Signature of Program Candidate Date

Please make sure all your application materials are included (*required items):
- ☐ *This 2YALP application (Include Equal Opportunity form even if blank)
- ☐ *Legible copies of college transcripts from **every** institution of higher education you attended; *note, you will also need original/official transcripts to upload to the Colorado Department of Education.*
- ☐ *Cover Letter
- ☐ *Current Resume
- ☐ *Letters of Recommendation
- ☐ ***$30.00 application fee made payable to: PPBOCES/2YALP (money order or cashier's check)**
- ☐ Copy of all PRAXIS score sheets
- ☐ Employment Verification if already hired

All application materials can be emailed to tirp@ppboces.org except for the $30 application fee that must be sent/dropped off at:
Pikes Peak BOCES Two Year Alternative Teacher Program
2883 South Circle Drive
Colorado Springs, CO 80906

Applicant Name _____ **Date** _____

Experiences with Children/Youth

Instructions: Please describe below the experiences you have had working with children/youth (subbing, teacher on an emergency certificate, charter schools, private schools, volunteering , etc----experiences other than parenting). Please list most recent experience first. You may continue this chart on another page or on the back, if necessary. **Please type or write legibly.**

Dates of Experience	School/School District	Contact Person	Your Responsibility	Was this a Substitute Assignment?	Age of Youth
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	

EQUAL OPPORTUNITY EMPLOYER

Prospective candidates will receive consideration without discrimination because of race, creed, sex, age, national origin, handicap or veteran status.

To facilitate compliance with the Department of Health, Education and Welfare requests for information for the Office for Civil Rights, please complete the information requested below. **This information is to be used for statistical purposes only in data collected by state or federal agencies**. Filling out this form is option, please include with your application even if blank.

Name: _____

Do you speak another language fluently? YES or NO (circle one)
If Yes, which language(s)? _____

Gender: Male _____ Female _____ Non-Binary _____

What is your ethnic background?

_____ Hispanic or Latino
_____ Not Hispanic or Latino

What is your race (select all that apply)?

_____ American Indian/Native Alaska Native

_____ Asian

_____ Black or African American

_____ White

_____ Native Hawaiian or Other Pacific Islander

Are you an individual with a disability? If yes, in what way?

_____

_____