

## School Counseling Preparation Program Application for Admission

The following information is required for admission to the Texas Wesleyan School Counseling Preparation Program for Certification.

NAME: *Last* \_\_\_\_\_ *First* \_\_\_\_\_ *Middle/Maiden* \_\_\_\_\_ SS # \_\_\_\_\_

Baccalaureate Degree: \_\_\_\_\_ University/Institute \_\_\_\_\_  
(Be Specific)

1. Are you currently a certified teacher/administrator?

\_\_\_\_\_ **YES** - Complete the information below.

Certification ID # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

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Number of years as a "teacher of record" in an approved public or private school? \_\_\_\_\_

***(You are required to provide a copy of your service record)***

\_\_\_\_\_ **NO** - Complete the information below.

Are you currently enrolled in a program to obtain teacher certification? \_\_\_\_ Yes \_\_\_\_ No

If yes, Name of the Program \_\_\_\_\_

Expected date for standard teacher certification \_\_\_\_\_

Please read the following statement and sign.

I understand the completion of the required program coursework and receipt of a degree does not guarantee eligibility for certification by the State of Texas. I understand I must meet all applicable state requirements including coursework, field experiences, years of teaching experience, testing, etc. Also, before I can be recommended for certification, as a candidate, I must undergo a criminal history background check prior to employment as an educator. I also have the right to request a criminal history evaluation letter prior to my acceptance of admission to the Educator Preparation Program.

I, \_\_\_\_\_, verify the information provided above is true, correct and understood.  
*Your name printed*

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*