

**Southwest Washington Consortium:
Plan II Teacher Certification***Highly Prepared ~ Experience Based ~ Professional Attributes ~ Value the Individual***Teacher Preparation
PROGRAM APPLICATION**Have you previously attended or taken course from SWC? Yes No

If so, when was the course taken? Year: _____ Course: _____

Do you currently hold a teaching certificate? Yes No

If yes, attach a copy with your application.

Do you have 6000 hours of industry experience? Yes No

What instructional area are you pursuing? _____

**PERSONAL
INFORMATION** Mr. Mrs. Ms. Miss**NAME:**

(last) _____

(first) _____ (Middle Initial) _____

(maiden) _____ (preferred name -- if different) _____

MAILING ADDRESS: (street or PO Box) _____

(city) _____ (state) _____ (zip) _____

(nation) _____ (county -- if WA address) _____

HOME PHONE (required): _____ Voice messaging available? Yes No**WORK PHONE (required):** _____ Voice messaging available? Yes No**EMAIL ADDRESS (required)** _____**GENDER (optional):** Male Female**BIRTHDATE (required):** ____ / ____ / ____**ETHNICITY (optional):** Alaskan Native African-American American Indian Asian-American
 Caucasian Hispanic-American International (specify) _____**CITIZENSHIP:** United States Other (specify) _____Resident Alien? Yes No (visa type)

EDUCATIONAL HISTORY

UNDERGRADUATE DEGREE *(list additional undergraduate degrees on a separate page)*

Institution: _____
 City: _____ State: _____
 Degree Earned: A.A/A.S. B.A. B.S. Major: _____
 Year of Graduation _____

GRADUATE DEGREE *(list additional graduate degree on a separate page)*

Institution: _____
 City: _____ State: _____
 Degree Earned: M.A. M.Ed. Other (specify) _____ Specialization: _____
 Year of Graduation _____

EMPLOYMENT HISTORY

Current School District (**required if currently teaching**): _____
 School (**required if currently teaching**): _____ Phone Number: _____
 Program Title: _____
 Begin date of Employment: _____

Previous Employer: _____ Phone Number: (____) _____
 Job Title: _____ Dates of Employment: _____

Previous Employer: _____ Phone Number: (____) _____
 Job Title: _____ Dates of Employment: _____

Official Use Only:	
\$25 Application Fee:	
Data Entry:	
Current Employment Verification:	
2 Letters of Reference: <input type="radio"/> #1 <input type="radio"/> #2	
WA Teaching Certificate: <input type="radio"/> Probationary <input type="radio"/> Conditional <input type="radio"/> Residency	
Request for transcript review: <input type="radio"/> Yes <input type="radio"/> No	
Orientation Completed – Date:	
Admit Date:	Student ID #:

Entry Requirements

All applicants for the Southwest Washington Consortium Plan II Teacher Preparation Program must complete the following:

1. Program Application Form
2. \$25 application fee
3. Two letters of reference affirming the applicant's potential for successfully working with youth
4. If currently teaching, a copy of your certificate
5. Verification of 6000 hours of industry experience

Submit the items above to:

Margaret Rice

Southwest Washington Consortium

Program Administrator

12200 NE 28th St.

Vancouver, WA 98682

(360)604-1073

margaret.rice@evergreenps.org