

# Cohort Application Checklist Sheet

All documents in the application packet should be returned by the priority date of **January 22<sup>nd</sup>, 2021**.

Your application packet must contain all the documents.

***Incomplete application packets WILL NOT be considered***

This checklist is to help you complete the requirements for the admission packet for the College of Education Cohort Program. If you have questions regarding the cohort application, please contact the Georgia College (GC) pre-education advisor, Janice Pillay ([janice.pillay@gcsu.edu](mailto:janice.pillay@gcsu.edu)) (478) 445-2767.

The following items complete the application packet for the cohort program. All documents in the application packet should be returned to the College of Education Dean's Office by the priority date of **January 22<sup>nd</sup>, 2021**.

1. Cohort Application Checklist (This Document)
2. Information Sheet for Application Packet
3. Official copy of transcript(s) or tranguide (if GC student) that includes the Fall 2020 semester.
4. GACE Program Admission Assessment scores or exemption evidence  
*Include a copy of PAA results with the application OR have ACT/SAT scores that qualify for exemption sent electronically, by the testing company, to GC.*
5. Copy of your GC admission letter (if you are a transfer student)
6. Three (3) Professional References using the GC format
7. Applicant Questionnaire
8. Record of Experiences with Young Children  
*Early Childhood applicants must include this form, while Middle Grades and Special Education applicants are recommended to include this form.*
9. PSC Certification Application:
  - a. GaPSC Pre-Service Certificate Application (must have handwritten signature and date; not computer-generated)
  - b. O.C.G.A. 50-36-1(e)(2) Affidavit
  - c. Identification Document (photocopy of either an unexpired driver's license or United States passport)
10. GACE Educator Ethics Exam (360): A copy of your completion certificate.

Applicant's Signature

Date

**Please put your completed information packet together in the order listed above with this checklist on top. Mail your packet with the postmark by the priority deadline to:**

Department of Teacher Education  
John H. Lounsbury College of Education  
Cohort Application  
CBX 71 GC  
Milledgeville, GA 31061

**FOR DEPARTMENT USE ONLY:**

Program Application:

Application No.

Date Received:



**CURRENTLY ENROLLED GC APPLICANTS:** Complete the Early Childhood, Middle Grades and Special Education section of the three EDUC courses indicated and indicate your grade. (Note: A grade of "C" or higher is required in each area F course listed below.)

Grade	Course
	EDUC 2110 Critical Issues in Education
	EDUC 2120 Multiculturalism & Diversity
	EDUC 2130 Exploring Teaching & Learning

**Early Childhood Applicants:**

Grade	Course
	ISCI 2001 Life/Earth Science
	ISCI 2002 Physical Science
	MATH 2008 Foundations of Numbers & Operations

**Middle Grades Applicants:** Indicate your concentration area:  Mathematics  Science  Social Studies

Grade	Course
	ENGL 2200 Writing about Literature (or equivalent)
	Course to support 2 <sup>nd</sup> concentration (List prefix, number and title: _____)
	Course to support 2 <sup>nd</sup> concentration (List prefix, number and title: _____)

**Special Education Applicants:**

Grade	Course
	Math 2008 Foundations of Numbers & Operations
	<input type="checkbox"/> HIST 2111 United States History to 1877 or <input type="checkbox"/> United States History since 1877 (indicate the course you completed)
	Communication Development course: (indicate the course you completed) <input type="checkbox"/> RHET 2210 Small Group Communication <input type="checkbox"/> ENGL 2208 Intro to Creative Writing <input type="checkbox"/> MUST 2010 Elementary Sign Language for Therapists

.....  
**TRANSFER APPLICANTS:**

- Include official copies of Transcript(s) **including the current fall semester**. If you completed an associate's degree, your transcript must state: "AA in Education Awarded."
- Include a copy of your GC tranguide.

Overall GPA \_\_\_\_\_ (2.75 minimum required)

Note: A grade of "C" or higher is required in each area F course listed below."  
Transfer students must send ACT/SAT scores to GC if they plan to exempt the GACE Program Admission Assessment. Exemption criteria can be found at:

<http://www.gapsc.com/EducatorPreparation/Assessment/BasicSkillsInfo.aspx>

**List grade for each area F course (or your institution's equivalent) below:**

Grade	Course
	EDUC 2110 Critical Issues in Education
	EDUC 2120 Multiculturalism & Diversity
	EDUC 2130 Exploring Teaching & Learning

**List other courses in area F at your institutions with grade:**

Grade	Course Prefix	Number	Title

**PROGRAM ADMISSION ASSESSMENT:**

- A. Provide an official copy of passing scores for the GACE program admission assessment. OR
- B. Provide evidence for exemption of the GACE program admission assessment which must be on the official GC Banner Site (Printed copy of tranguide in PAWS).

GEORGIA COLLEGE & STATE UNIVERSITY  
PROFESSIONAL RECOMMENDATION FORM  
FOR APPLICANTS SEEKING ADMISSION TO  
THE JOHN H. LOUNSBURY COLLEGE OF EDUCATION

Each form is to be filled out by a person who knows the applicant as a potential educator. Letters from friends, relatives, or social acquaintances are inappropriate. **Each recommending individual places the completed form in a sealed envelope and signs his/her name across the sealed flap. The envelope is then returned to the applicant who includes it in the application packet.**

Applicant's Name \_\_\_\_\_ GC ID# \_\_\_\_\_

Intended Major (check one):     Early Childhood     Middle Grades     Special Education

Name of person completing this form \_\_\_\_\_  
(Please Print)

Address \_\_\_\_\_

How long and in what capacity have you known this applicant?  
\_\_\_\_\_  
\_\_\_\_\_

Please give your candid appraisal of the applicant as a future public school teacher. Rate him/her on a scale of 1 to 4 on the following attributes:

**4 = Excellent; 3 = Good; 2 = Fair; 1 = Unacceptable; N/O = Not observed**

\_\_\_\_ Ability to work with others                      \_\_\_\_ Proficiency in written language                      \_\_\_\_ Leadership

\_\_\_\_ Proficiency in oral language                      \_\_\_\_ Commitment / Work ethic

\_\_\_\_ Critical thinking / Problem solving                      \_\_\_\_ Sensitivity to diversity

Do you believe that this person has the potential to be successful as a teacher?

Why or Why not? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

It is my understanding that in accordance with the Family Education Rights and Privacy Act of 1974, this candidate will have access to the information in this recommendation.

A candidate may waive his or her right to inspect and review confidential letters and confidential statements of recommendation provided:

\*The student is upon request notified of the names of all individuals providing the letters or statements;

\*The letters or statements are used only for the purpose for which they were originally intended; and

\*The waiver is not required as a condition of admission to or receipt of any other service or benefit from the University.

**Applicant Questionnaire**  
**UNDERGRADUATE TEACHER EDUCATION COHORT PROGRAM**

NAME (Please print)

First: \_\_\_\_\_ MI \_\_\_\_\_ Last: \_\_\_\_\_

Please provide thoughtful responses to the series of seven questions and statements below. Your responses will provide a sample of your writing and descriptive information on your background and experiences. Please give yourself ample time to complete this form. Submit it as part of your completed application packet, and bring a copy with you to the interview.

1. Individuals aspire to be teachers for a variety of reasons. What are some of your reasons for wanting to be a teacher?

2. Describe one of your most effective teachers or best experiences in school and explain why he/she or it was so.

3. Participants in this program must be self-starters ...highly motivated individuals. Describe yourself and indicate the qualities that make you this type of person.

4. Discuss your view of the role of the family in education.

5. What experiences have you had working with diverse groups of children/adolescents?

6. Describe experiences you've had working in groups. What are different roles you have assumed when working in a group? Give examples.

7. As you consider this particular program, describe what you expect to gain from participating in it.

Applicant's Name \_\_\_\_\_

Date \_\_\_\_\_

### Record of Experience with Young Children

(To be completed as a part of the application process for the Early Childhood Field Based Program. Make additional copies as needed.)

Position	Start Date/ End Date	No. of Days & Hours Per Week	Responsibilities and Duties	Demographics of Children (age, ethnicity, abilities/disabilities, language, socioeconomic level, etc.)	No. of Children	Volunteer, Paid, or Course Requirement



**GaPSC Pre-Service Certificate Application**  
**Please Use Black Ink or Type – Revised April 2015**



*This form must be submitted by an educator preparation provider. Candidates should not submit this form directly to the GaPSC.*

**1. Please use ALL CAPS to print your LEGAL NAME.**

Last Name

First Name

Middle Name

Social Security Number

 -  - 

Date of Birth (MM/DD/YY)

 /  / 

Telephone Number

 -  - 

Mailing Address

City

State

Zip Code

 - 

**Gender** (check one)

Male  Female

**Ethnicity** (check one)

Are you Hispanic or Latino of any race?  Yes  No

**Race** (check all that apply)

Asian  American Indian or Alaska Native  Black or African American  Native Hawaiian or Pacific Islander  White

**2. Personal Affirmation:** The applicant should enter a truthful "Yes" or "No" response to each of the following questions. All questions must have a response in order for the application process to continue. **"YES"** responses automatically open an investigation and require an attached explanation along with any additional supporting documentation. **DO NOT include matters that the GaPSC has investigated or is currently investigating.**

- Y**  **N** 1. Have you ever had an adverse action (i.e. warning, reprimand, suspension, revocation, denial, voluntary surrender, disbarment) taken against a professional certificate, license or permit issued by an agency **OTHER THAN the Georgia Professional Standards Commission?**
- Y**  **N** 2. Are you currently the subject of an investigation involving a violation of a profession's laws, rules, standards or Code of Ethics by an agency **OTHER THAN the Georgia Professional Standards Commission?**
- Y**  **N** 3. Have you ever received a less than honorable discharge from any branch of the armed services? (If "yes", provide a copy of form DD214.)
- Y**  **N** 4. While under investigation, have you ever left an employment position (retired, resigned, been dismissed, terminated, non-renewed or otherwise)?
- Y**  **N** 5. Are you currently the subject of an investigation involving sexual misconduct or physical harm to a child?
- Y**  **N** 6. Are you the subject of a pending investigation involving a criminal act?
- Y**  **N** 7. For any **felony** or any **crime involving moral turpitude**, have you ever:
- ◆ Pled guilty;
  - ◆ Entered a plea of *nolo contendere*;
  - ◆ Been found guilty;
  - ◆ Pled guilty to a lesser offense;
  - ◆ Participated in a pre-trial diversion program;
  - ◆ Been granted first offender treatment without adjudication of guilt;
  - ◆ Been found not guilty by reason of insanity; or
  - ◆ Been placed under a court order whereby an adjudication or sentence was withheld?
- Y**  **N** 8. Have you ever been convicted, or pled to a lesser offense for any sexual offense?
- Y**  **N** 9. Have you been convicted of a drug offense (felony or misdemeanor)?

**Consent:**

*I hereby authorize the Georgia Professional Standards Commission to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia, and to perform periodic criminal history background checks for the duration of my certification in the state of Georgia.*

**Signature:** \_\_\_\_\_

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

**NOTE:** This application must be received by the GaPSC **within 90 days of the date of signature.**

## INSTRUCTIONS FOR COMPLETING VERIFICATION OF LAWFUL PRESENCE AFFIDAVIT

In order to obtain a certificate/license from the Georgia Professional Standards Commission (GaPSC), Georgia law requires every applicant to complete an affidavit (sworn written statement) before a Notary Public that establishes that the applicant is lawfully present in the United States of America. This affidavit is a material part of your GaPSC certification/licensure application and must be completed truthfully. Your application may be denied or your certificate may be revoked by the GaPSC if it is determined that you have made a material misstatement of fact in connection with your application. Please follow the instructions listed below.

### **You must submit the following with your Pre-Service Application and GCIC Consent Form:**

1. Notarized Affidavit (**page 3 of this document**)
2. A copy of an acceptable ID (see below)

#### 1. **Select the ONE option on the affidavit that applies to you:**

- **Option 1** is to be initialed/selected by you if you are a United States citizen; or
- **Option 2** is to be initialed/selected by you if you are a legal permanent resident of the United States: you are not a U.S. citizen but you have a green card; or
- **Option 3** is to be initialed/selected by you if you are a qualified alien or non-immigrant (but not a U.S. citizen or a legal permanent resident).

If you selected **Option 2 or 3**, please provide the number (whether or not it is called an “alien number”) issued by the Department of Homeland Security or other federal immigration agency in the blank space following this statement: “My alien number issued by the Department of Homeland Security or other federal immigration agency is:”

#### 2. **Select an acceptable ID based on your selection in Step 1.**

- Acceptable IDs for **Option 1 (U.S. citizen)** are:
  - An unexpired driver’s license issued by a U.S. state, D.C., or certain U.S. territories
  - An unexpired United States passport or passport card
  - An unexpired United States military identification card
  - Any document listed here:  
<http://www.gapsc.com/certification/downloads/SecureVerifiableDocuments.pdf>
- The only acceptable ID for **Option 2 (legal permanent resident)** is a copy of the front and back of your unexpired United States Permanent Resident Card.
- Acceptable IDs for **Option 3 (qualified alien or non-immigrant)** are:
  - An unexpired work authorization card
  - I-94 documentation reflecting the I-94 number and expiration date AND a valid foreign passport
  - A valid Certificate of Eligibility reflecting your SEVIS number AND a valid foreign passport

Fill in the type of ID (e.g. Georgia driver’s license, U.S. passport, etc.) that you are using on the affidavit on the line after “The secure and verifiable document provided with this affidavit can best be classified as:”

3. **Print out the affidavit** (page 4 of this document).
4. **Find a local Notary Public.** Check the yellow pages, the internet, or with a local business such as a bank.
5. **Bring your affidavit and the ID** you selected (from the list in Step 2) to appear before the Notary Public.
6. **Show the Notary Public your ID and state under oath in the presence of the Notary Public that you are who you say you are and that you are in the United States lawfully. Then sign your name.**
7. **Make certain that the Notary Public signs and dates the affidavit and lists when their notary commission expires.**
8. **Make a copy of the affidavit and the ID** that you presented to the Notary Public for your own records.
9. **Submit the following with your Pre-Service Application and GCIC Consent Form:**
  - A copy of the signed and notarized affidavit; and
  - A copy of the ID you presented to the Notary Public.

**O.C.G.A. § 50-36-1(e)(2) Affidavit**

By executing this affidavit under oath, as an applicant for a **Georgia Educator Certificate/License**, as referenced in O.C.G.A. § 50-36-1, from the **Georgia Professional Standards Commission**, the undersigned applicant verifies one of the following with respect to application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States.
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:  
\_\_\_\_\_.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE

\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: