



**Armstrong Atlantic State University
Department of Early Childhood Education
Bachelor of Science in Education (Initial Certification)**



**APPLICATION FOR ADMISSION TO CANDIDACY in ECE
Bachelor of Science in Education (Decision Point One)
DEPARTMENT APPROVAL CHECKLIST**

Teacher Candidate : _____ Date: _____
 AASU Student ID: 907- _____
 I am applying for candidacy effective: (circle) SPRING SUMMER FALL Year: _____
 Application Approved by: (Advisor's Signature) _____

The following items **MUST** be checked by the department advisor:

	Student has a cumulative GPA of 2.5 or better (non-rounded) GPA: _____
	Satisfactory completion of EDUC 2110, EDUC 2120, EDUC 2130 and MATH 2008 with "C" or better EDUC 2110 (grade) _____ EDUC 2130 (grade) _____ EDUC 2120 (grade) _____ MATH 2008 (grade) _____
	Satisfactory completion of EDUC 3100 with "C" or better and Live Text Account activated EDUC 3100 (grade) _____ LiveText Account Activated (date) _____ LiveText Information Data Form Attached _____
	Completion of Basic Skills Assessment requirement 200, 201, 202 (check applicable method): Praxis I (no scores accepted after 3/7/07) _____ GACE _____ Exemption Scores: SAT _____ ACT _____ GRE _____ Other (circle one) (CBEST, CLAST, FTCE _____) Attach proof of completion. Date(s) of test: _____ Scores: _____.
	Candidate Disposition Assessments (two required). You must request 2 non-VISTA instructors to complete through LiveText.) See attached instruction sheet. (1) _____ (2) _____ Attach complete LiveText Assessment Rubric. Press Control P to print assessment. (print at 40% not 100%)
	Additional requirements of the Early Childhood Education Department:
	Completed "Application for Admission to Candidacy" form.
	Copy of updated and signed Program of Study (POS) Place grades by courses or semester & year if currently enrolled. (e.g., F08)
	Internship Fee form completed.
	Signed ECE permission for criminal background check (waived with proof of employment in a public school system). Employment Verification form signed and submitted by your school principal stating you are employed meets this requirement. This form may only be returned to the College Of Education Dean's office in UH 250. Submit as soon as possible – or this may delay your application for admission. This form must be initialed by a representative in dean's office when submitted. (Notification Officers are located in UH 250 or UH 269) Date Cleared: _____
	Proof of instructional liability insurance . Available for purchase through SGAE officers or online at http://www.nea.org (SGAE) or http://www.pagefoundation.org (PAGE). If renewed online, please attach the membership receipt to the application or the Employment Verification form as a substitution for this requirement. Expiration date: _____ REQUIREMENT: 3 YEARS COVERAGE
	Ten hours of Community Service form. (working with children prekindergarten-grade five children without pay)
	Regents Exam passed Date: _____
	All Area A courses passed with "C" or better
	40 Semester hours completed
	Current transcript attached (printed from SHIP)
	Candidate's Statement
	Affirmation Form



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APPLICATION FOR ADMISSION TO CANDIDACY – Initial Certification
Bachelor of Science in Early Childhood Education

FOR OFFICE USE ONLY. Do not write in this space.

Admitted _____ Date _____ Card No. _____

NAME _____

(Miss, Mrs., Ms. Mr.) (Full legal name)

Other Names Used: _____

Student ID _____ Date of Birth _____

Campus enrolled: ___ AASU ___ Brunswick ___ Camden ___ Liberty Center
 ___ Savannah State

Mailing Address:

_____ *Number and Street*

_____ *City*

_____ *State*

_____ *Zip*

Permanent Address (if different from mailing address):

_____ *Number and Street*

_____ *City*

_____ *State*

_____ *Zip*

Home Telephone No. _____ Work/Cell/Other Telephone No. _____

E-mail Address _____

I have reviewed this application and affirm that all criteria have been met for Admission to Candidacy for the BSED in Early Childhood Education.

_____ (Department Head)

_____ (Date)



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LiveText Disposition Assessment Request Data Form

Instructions: Please use this form to communicate to the Department of Early Childhood Education which professors were requested to complete the Disposition Assessments for Decision Point 1.

Please note that all dispositions must be received by the professors no later than two weeks prior to the application due date.

Full Name: _____

AASU ID # 907- _____

LiveText Username: _____

E-Mail Address: _____

Phone: _____

Home

Cell/Alternate

Disposition Request #1

Faculty Member Name: _____

Class taught by faculty member: _____

Semester(s) you were a student of the faculty member: _____

Date Disposition Request was sent for review: _____

Disposition Request #2

Faculty Member Name: _____

Class taught by faculty member: _____

Semester(s) you were a student of the faculty member: _____

Date Disposition Request was sent for review: _____

Early Childhood Education

EARLY CHILDHOOD EDUCATION

**Armstrong Atlantic State University
11935 Abercorn Street – Savannah, GA 31419**

PROFESSIONAL LIABILITY INSURANCE VERIFICATION

As part of my professional teacher education preparation I understand that I will participate in certain laboratory experiences in school systems beyond the university campus. I am aware that I must have liability insurance to participate in laboratory experiences.

NOTE: Provide proof of Liability Insurance, NOT Medical Coverage.

THEREFORE:

I, _____ have tort liability insurance as follows:
(Print Full Name)

ID: 907-_____

(Name of Company/Organization Providing Coverage)

OPTIONS:

- SGAE Membership (expires 8/31)
(period of coverage: 9/1 to 8/31)
- SPAGE Membership
- SGFT Membership
- Private Insurance (specify)

Beginning Date: _____ through: August 31, 20 _____.
(Period of Coverage)

(Student's Signature)

(Date)

- Attach a copy of your membership card or receipt as proof of coverage.
(or this form initialed by the department secretary when purchasing coverage.)
- Membership may need to be renewed every year in order to maintain coverage.

Early Childhood Education

ATTENTION

ALL EDUCATION STUDENTS

(UNDERGRADUATE AND GRADUATE)

ALL TEACHER CANDIDATES

WILL INCUR A \$325.00

INTERNSHIP FEE.

THIS FEE WILL BE PAID THROUGH THE
REGISTRAR'S OFFICE WHEN YOU REGISTER FOR
ECUG 4750 (undergraduate) or ECMT 6750 (graduate).

Student's Signature: _____ Date: _____

Name Printed: _____

Early Childhood Education

Armstrong Atlantic State University
Early Childhood Education

SERVICE IN THE EDUCATIONAL COMMUNITY

(10 hours)

(working with children prekindergarten-grade five level without pay)

Student's Name: _____ ID#: 907- _____

Date Submitted: _____ Verified By: _____

ADVISOR

Community Service Site	Date(s) of Service	Description of Service	# of Contact Hours	Signature of Site Supervisor

Early Childhood Education

CANDIDATE'S STATEMENT

In the space provided, prepare a coherent, well-developed, and grammatically correct statement, which explains why you wish to teach. (150-200 words)

**YOUR STATEMENT MUST BE IN YOUR OWN
HANDWRITING (*CURSIVE*)
AND IN BLACK INK.**

Early Childhood Education

AFFIRMATION

I affirm that all the statements made in this application are complete and true to the best of my knowledge.

I DECLARE THAT I HAVE READ THE SECTION ON THE College of Education in the current Armstrong Atlantic State University Catalog and I fully understand the policies, procedures, deadlines, the requirements for my program, the criteria for admission to Candidacy in ECE and to internship.

I have read the Code of Ethics for Education on the Georgia Professional Standards Commission website at:

www.gapsc.com/Professionalpractices/NEthics.asp

I also affirm that I have read the Decision Points provided on my ECE Program of Study.

Signature of Applicant

Date Signed

Early Childhood Education

REQUESTING DISPOSITION ASSESSMENTS IN LIVETEXT

1. First, contact the instructor in person, via email, or via phone and let them know that you are requesting a disposition assessment from them. If they agree, proceed to the next step in the process.

2. Log into your LiveText account and create a Disposition request document in LiveText using the existing template "**Candidate Disposition Form Request**" (in the **GA: Armstrong Atlantic State University >> Student Template** folder).

- A. Choose a folder (GA: Armstrong Atlantic State University) (Student Templates)
- B. Choose a template (Candidate Disposition Form Request (Template))

3. Use the following naming convention for the Title of your document when creating your disposition request document: (***This is EXTREMELY IMPORTANT***)
(ex.)

(your full name) –(your major) – Disposition Form - Semester and Year

Jane Smith – ECE-BSED – Disposition Form – Fall08

(ECE-MAT, ECE-TC, etc.)

4. Edit the section which requests your name, program, and other relevant information.

NOTE: This is at the bottom of the document and you may need to scroll down the page once you have clicked “edit”. Once you have typed in this information, select the “**SAVE**” button at the bottom of the page and then click the “**FINISH**” button at the top right of the page. At the top of the screen, select the “**SUBMIT FOR REVIEW**” link. In the box that pops up, type in the last name of the person who will be completing your dispositions form. A list will appear in the lower part of the pop-up box or in the top part of the pop-up box itself. Click on the appropriate reviewer’s name so that it appears in the top part of the pop-up box.

Edit Document | Submit for Review | Sh

X

Type in individual names or usernames.
(example: John Doe, Jane Smith, or janesmith)

Submit to Reviewers:

Nancy Luke <lukenanc>

Submit | Look in: My institutions All Users

5. Select the "**Submit**" button. You should receive a confirmation message stating that the submission was successful. Check later in your **Reviews** area in LiveText to see the disposition form that has been filled out for you.

NOTE: If you are submitting this dispositions request to more than one reviewer, you may repeat steps 4 and 5 using the same document but altering the information and searching for an additional reviewer in the pop-up box listing possible reviewers.

6. Be patient. Once your reviewer has completed your disposition form, you can check your results in your **Reviews** area. Remember to click on the “Sent for Review”

Early Childhood Education

COLLEGE OF EDUCATION

Criminal Background Check Form

(Print PDF form from ECE website or hardcopy in ECE department)