

**OGLALA LAKOTA COLLEGE
EDUCATION DEPARTMENT**



APPLICATION FOR OLC TEACHER TRAINING PROGRAM

Personal Information

Name: _____

Mailing Address: _____

Telephone: _____ E-Mail: _____

Employment Record

Place of Employment: _____ Work Phone: _____

Supervisor: _____ Hours worked per week: _____

Paraprofessional grade level experience(s): circle applicable K 1 2 3 4 5 6 7 8 9 10 11 12

Race/Ethnicity:(circle one) Native American/Alaskan Native Asian White

Native Hawaiian/Pacific Islander Black/African American Hispanic/Latino

Academic Information

Degrees(check all applicable)

High School Diploma _____ Associate's _____ Bachelor's _____

Master's _____ Other Certification _____

Number of Credit Hours Completed: _____ Cumulative GPA: _____

Have you been on academic probation? _____ (Yes or No) If yes, explain on the back of this form.

Do you have any special needs where accommodations will need to be made? ____ (Yes or No, if Yes, please explain below):

OLC Program/Conditions (check all applicable)

____ Bachelor of Science Degree in K-8 Elementary Education w/ Middle Level

____ Bachelor of Science Degree in Early Childhood Education (Indicate Program of Study)

____ SD Teacher Certification Emphasis ____ Head Start Emphasis

____ Bachelor of Science Degree in K-12 Lakota Studies

____ Bachelor of Physical Science Degree in 7-12 Secondary Education

____ K-12 Exceptional Education Certification (for certified teachers only)

GPA Requirement:

I understand that I must maintain a cumulative GPA of 2.8 or better, and that all professional requirement grades must be a C or better to remain in the teacher training program and to be eligible for possible assistance.

(Initial here) _____

Praxis II Content Knowledge Exam:

Name of Exam Taken: _____

Date Exam Taken: _____

Score: _____ Passed/Not Passed: _____

I understand that I must take and pass the Praxis II Exam for acceptance into the teacher preparation program. I further understand I am responsible for all costs incurred to complete the exam.

(Initial here) _____

Professionalism and Ethical Conduct:

I understand that I must conduct myself in a professional manner to remain in the teacher preparation program. I further understand that I may be dismissed from the teacher preparation program for unprofessional conduct and/or violations of the SD Code of Ethics for Teachers.

(Initial here) _____

Background Check and Drug Testing:

For the safety of the students, most schools/school districts require that teacher candidates undergo a background check and/or drug test prior to being placed in a classroom for field-based experiences. The cost of the background check and/or drug test required by the school is the responsibility of the student teacher candidate.

I understand that I am responsible for all costs incurred to complete the background check and/or drug test required by my supportive school.

(Initial here) _____

Criminal Record Check

I understand that the South Dakota Department of Education will conduct a criminal background check when I apply for teaching certification upon receiving my degree. If I should have been convicted of a felony, crime of moral turpitude or narcotics use, I understand that I may not become certified to teach children within a school setting.

(Initial here) _____

Signature: _____ **Date:** _____

Received in the OLC Education Department on: _____

By (name and title): _____