

375 Winter Street
Winterville, GA 30683
(706) 742-8292
FAX (706) 742-8928
www.negaresa.org

Laurie Allison
Executive Director

GaTAPP APPLICATION

Name: _____ Date: _____

Application Process:

Please send application and ALL items listed below to:

Northeast Georgia RESA-GaTAPP 375 Winter Street, Winterville, GA 30683 or email to:

dana.holcomb@negaresa.org

To find more specific information regarding each requirement, visit the Program Entry Requirement webpage at <https://www.negaresa.org/gatapp>.

_____ Complete Application Forms

_____ Current Resume

_____ Transcripts from all colleges and universities attended

_____ Create a MyPSC Account with GaPSC (www.gapsc.com)

_____ Candidates must **not** hold or have previously held any type of teaching certificate in the state of Georgia or any other state and must not have completed a teacher education program. **Must have no less than 2 years left on IN4T Certificate**

_____ Candidates must pass the GACE Content Assessment in the desired area **before** being admitted into the program.

_____ Complete GACE Ethics Exit 360

_____ Secure a job offer as a teacher with a local school system for at least half-a-day. The schools in our districts are familiar with our program. Feel free to have them contact our office should they have any questions or concerns. **Northeast Georgia RESA GaTAPP Districts: Barrow, Clarke, Commerce City, Elbert, Greene, Jackson, Jefferson City, Madison, Morgan, Oconee, Oglethorpe, Social Circle, and Walton.**

_____ Obtain signed **Candidate Recommendation Form** from hiring school official

_____ Sign and initial **Candidate Commitment Form**

_____ Complete **GATAPP Tuition Commitment**

_____ \$20 Application Fee (Check or Money Order payable to Northeast Georgia RESA or pay online-create a RESA Account first)

[Application Fee Payment Link](#)

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Name: _____ PSC Certification Number: _____

Address: _____

Gender _____ Hispanic Y/N _____ Ethnicity _____ Date of Birth _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____ Social Security # _____

Degree _____ Major _____ GPA _____ Institution _____

Degree _____ Major _____ GPA _____ Institution _____

School/Employer _____ System/County _____

Subject/Grade Level _____ Principal _____

Please use the back of the page or another page to complete this section.

Please describe why your past work and/or academic experiences qualify you to pursue a teaching career in this field.

Tell us why you are becoming a teacher? Why do you want to teach young people?

Describe the characteristics/attributes/attitudes that qualify you to work with young people.

Candidate's Mentor _____ Mentor's Certificate #: _____

(Mentor is assigned to candidate by the school administrator)

Mentor Email and Phone _____

Candidate's RESA Supervisor _____ Supervisor's Certificate #: _____

Supervisor Email and Phone _____

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Candidate Recommendation Form Georgia Teacher Academy for Preparation and Pedagogy

Candidate _____ SSN _____

System _____ School _____

Candidate Teaching Subject/Certification Area _____

The above Candidate is recommended to participate in the Georgia Teacher Academy for Preparation and Pedagogy. Admission into the program requires official assurance that the Candidate satisfies all eligibility criteria. The school system assures the following:

1. School System Personnel Director

As a duly authorized administrator, I certify that the school system holds official records and documentation as verification that the Candidate named above:

- Earned a baccalaureate or higher degree from a regionally accredited college or university;
- The system will apply to the Georgia Professional Standards Commission for an induction certificate when the candidate information has been input onto the NTRS database;
- Received clearance through the positive screening of a criminal background check;
- Met all other requirements of the school system, through interview, reference checks, and any other process of usual practice, that qualify this candidate for employment.

Signature Title Date

Email _____ Phone _____

2. School System Superintendent or Designee

As a duly authorized administrator I certify that the school system:

- Has issued the Candidate a contract of employment;
- Agrees to provide the Candidate up to six days of release time for professional development and field experiences.

Signature Title Date

Email _____ Phone _____

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Candidate Commitment Form

Candidate _____ SSN _____

School _____ System _____

GEORGIA TEACHER ACADEMY FOR PREPARATION AND PEDAGOGY CANDIDATE

To assure the success of the Georgia Teacher Academy for Preparation and Pedagogy program and your success as a Candidate, please verify that you understand the program expectations and requirements.

Candidate Signature _____ Date _____

I understand that during the induction phase:

(Please initial each line and sign at the bottom)

- _____ I must be employed as a teacher and must teach at least half the day in my area of certification.
- _____ I understand that my involvement in extra-curricular activities will be kept to a minimum and that my classroom and certification responsibilities have priority over any assigned extra-curricular activities, including coaching.
- _____ I must take courses required by the state based on the area of certification I am seeking.
- _____ I must take additional courses if recommended/required by my CST.
- _____ Depending on my area of certification, I may be required to pass additional content area tests (GACE) before I can be recommended for a *fully renewable certificate*.
- _____ I must attend GaTAPP meetings that are scheduled for my pathway.
- _____ I will be required to complete five field experiences. These field experiences (one day each) must be in a school setting that is culturally and socio-economically different from my home school. One can be in the Candidate's school (special education/gifted), one can be in another school in the system, and three should be out of the Candidate's system.
- _____ My performance in the classroom will be observed by my school administrator, mentor teacher, and a Northeast Georgia RESa Supervisor throughout the year.
- _____ I will be required to maintain an electronic portfolio. (The requirements regarding the contents of this portfolio will be explained at the orientation meetings and reviewed throughout the internship phase.)
- _____ If there is a change in any of the personal information provided on this form (name, home address, home phone number, or email address), I will submit the change in writing to the Northeast Georgia Administrative Assistant.
- _____ I understand the Northeast Georgia RESA GaTAPP Dismissal Policy. I understand that dismissal from GaTAPP will lead to termination of my teaching contract.
- _____ I understand that I am responsible for GaTAPP program fees.

I am committed to the work and personal preparation that are necessary for me to become a teacher of the highest quality and a productive member of this professional community.

Candidate Signature _____ Date _____



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Northeast Georgia RESA GaTAPP Program Fee Schedule

Cost of Program \$4,500-18 months or less (add additional \$500 for non-system-System other than listed below)
(Must pay \$500 initial payment upon acceptance into program)
\$1,500-Over 18 months or requires remediation

The need to continue for a second year (over 18 months) will be determined by the Candidate Support Team and will be based on the progress in the GaTAPP Program and level of proficiency on the key assessments. If a candidate requires more than 18 months or requires remediation, they are required to pay the additional \$1,500 tuition fee.

Additional Costs to Candidates

GACE Content Assessment Fees	https://gace.ets.org Amount varies per assessment
GACE Educator Ethics Exit 360	\$30

Payment Options: \$4,500 First Year \$1,500 Second Year

_____ Option 1: Pay in Full (Cash, Check, or Money Order-To: NEGA RESA/Memo: GaTAPP)

*If you would like to pay in full with a card please contact our office at 706-742-8292 Ext. 205

_____ Option 2: Set up payment plan with GaTAPP Administrative Assistant, Dana Holcomb at dana.holcomb@negaresa.org or 706-742-8292 Ext. 205

Option 2 Agreement

I understand my financial obligations for the GaTAPP program, and I will not be recommended for certification until all fees are paid in full. Please choose from the following options.

_____ \$4,000/12 months/\$334 per month (Last payment will be modified to reflect balance)

_____ \$4,000/15 months/267 per month

_____ \$4,000/18 months/\$223 per month

Candidate Signature

Date

Barrow • Clarke • Commerce City • Elbert • Greene • Jackson • Jefferson City • Foothills
Madison • Morgan • Oconee • Oglethorpe • Social Circle City • Walton

