

Thank you for your interest in the Clovis Community College Alternative Licensure Program. Alternative Licensure is for individuals who have either a Bachelor's, Master's and/or Doctorate Degree and desire to start a career in teaching. Our program will provide rigorous and meaningful preparation for beginning teachers and address relevant entry level competencies as approved by the New Mexico Public Education Department (NMPED).

Please complete this application and submit to:

Clovis Community College Alternative Teaching Licensure Program
417 Schepps Blvd., Room 403
Clovis, NM 88101

Or

Submit application and transcript via email at ALP@clovis.edu

Contact Information:

Clovis Community College C# : _____

First, Middle and Last Name:

Address:

Phone Number: _____

Email Address: _____

Social Security Number: _____

Date of Birth: _____

Notice of Non-Discrimination

Clovis Community College does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, sexual orientation, spousal affiliation, gender identity, veteran status, physical or mental disability, serious medical condition, or age in its programs and activities.

Statistical Reporting Information:

The following information is for reporting use only to provide statistical information requested by various State and Federal agencies:

Gender: Male Female Prefer not to answer

Native Language: _____

Ethnicity: _____

Employment History:

Please complete Your Employment History for the past 10 years.

<i>Date Started</i>	<i>Date Left</i>	<i>Name of Organization</i>		<i>Address</i>
<i>Supervisor's Name</i>		<i>Supervisor's Title</i>	<i>Phone</i>	<i>Your Title Upon Leaving</i>
Description of duties:				

<i>Date Started</i>	<i>Date Left</i>	<i>Name of Organization</i>		<i>Address</i>
<i>Supervisor's Name</i>		<i>Supervisor's Title</i>	<i>Phone</i>	<i>Your Title Upon Leaving</i>
Description of duties:				

<i>Date Started</i>	<i>Date Left</i>	<i>Name of Organization</i>		<i>Address</i>
<i>Supervisor's Name</i>		<i>Supervisor's Title</i>	<i>Phone</i>	<i>Your Title Upon Leaving</i>
Description of duties:				

Post-Secondary Education

College/University: _____
 Address: _____
 Degree Earned: _____ Date: _____
 Major: _____
 Minor: _____

College/University: _____
 Address: _____
 Degree Earned: _____ Date: _____
 Major: _____
 Minor: _____

College/University: _____
 Address: _____
 Degree Earned: _____ Date: _____
 Major: _____
 Minor: _____

Professional References:

Please provide three references from former employers, supervisors, co-workers, instructors, or those you have known in a working relationship that are willing to complete and return a reference form and we have permission to call or email.

Reference 1:

Name: _____

Address: _____

Email: _____

Phone: _____

Relationship to Candidate: _____

Reference 2:

Name: _____

Address: _____

Email: _____

Phone: _____

Relationship to Candidate: _____

Reference 3:

Name: _____

Address: _____

Email: _____

Phone: _____

Relationship to Candidate: _____

Additional Information:

Please answer the following questions

1. Are you a Curry County Resident?	YES	NO
2. Are you a United States Citizen?	YES	NO
3. Are you a resident alien with work authorization for the United States?	YES	NO
4. Have you ever applied to this Program before?	YES	NO
5. Are you fluent in a language other than English?	YES If yes, what language(s):	NO
6. Have you applied, participated in or graduated from any other teacher preparation program?	YES If yes, what program:	NO
7. Have you ever taught in a private and/or public school before?	YES If yes, where and what subject:	NO

Explanations if necessary:

Release of Academic Information:

Please fill out the *Authorization to Release Student Education Record Information* form found on the next page. This authorization represents your written consent to disclose educational records maintained by Clovis Community College to specific individuals listed below following the Family Educational Rights and Privacy Act of 1974, also known as FERPA. It is valid for all Clovis Community College departments including but not limited to Academics, Admissions & Records, Academic Advising, Business Services and Disability Services. This authorization does not expire. It remains active until the student revokes access in writing and submits the revocation to the Office of Admissions & Records. To authorize the release of FERPA-protected information, the student must complete all items below and submit this form to the Office of Admissions and Records. **Please be sure to give the CCC Alternative Licensure Program permission on the form.**



Authorization to Release Student Education Record Information

This authorization represents your written consent to disclose educational records maintained by Clovis Community College to specific individuals listed below following the Family Educational Rights and Privacy Act of 1974, also known as FERPA. It is valid for all Clovis Community College departments including but not limited to Academics, Admissions & Records, Academic Advising, Business Services and Disability Services. This authorization does not expire. It remains active until the student revokes access in writing, and submits the revocation to the Office of Admissions & Records. To authorize the release of FERPA-protected information, the student must complete all items below and submit this form to the Office of Admissions and Records.

Student's Name (printed): _____

Phone Number: _____

Information to Be Released (Please check)

- All Institutional Records
- Grades/ Transcripts
- Course Schedules
- Accounts/ Billing
- Scholarships/ Honors
- Other _____

Release Information to the following individual/organization:

<i>Name</i>	<i>Address (Street, City, ST, Zip)</i>	<i>Relationship to Student</i>
<i>Name</i>	<i>Address (Street, City, ST, Zip)</i>	<i>Relationship to Student</i>

The above information will be released with my full consent. I understand that this authorization does not expire and it will be necessary to send a written letter to revoke this authorization. I also understand that Clovis Community College is not responsible for the manner in which any information released under this authorization is used.

This form must be submitted by the student in person or submitted with a notary seal stating it is the student's official signature.

Student Signature _____

Date _____

State of _____ County of _____

On this _____ day of _____, 20____, before me that undersigned notary public, personally appeared _____ personally known or proved to me through satisfactory evidence of identification, to be the person whose name is signed on the preceding document and knowledgeable to me that he/she signed it voluntarily for its stated purpose.

(Seal) _____

Notary Public Signature _____

Next Steps:

Once you have submitted your application, it will be reviewed and you will be contacted to schedule an ALP interview.

Certification:

I hereby certify that the information included in this application is true and accurate. I certify that I understand the process of Alternative Licensure in New Mexico and I have determined that A) I meet the qualifications and B) I have chosen this route for teacher licensure.

Print Name

Signature

Date:

Please return your completed application by mail for hand delivery to:

Clovis Community College
Alternative Licensure Program
417 Schepps Blvd., Room 403
Clovis, NM 88101

Or, return your completed application by email to:

alp@clovis.edu