

TESL ENDORSEMENT REIMBURSEMENT!

ENGLISH LANGUAGE LEARNER PROGRAM

Enroll soon!



Sessions are from January – June

**Days of the week: Sundays and
Tuesdays & Thursdays
Schedules are attached**

To apply go to: www.ctenow.com

**Touro questions?
Call Echo at 702-777-1779**

**ELL questions? Contact Tracy at
TCC538@interact.ccsd.net**

The English Language Learner Program is happy to offer Tuition Reimbursement for licensed CCSD teachers and Administrators interested in receiving a TESL Endorsement.

TOURO UNIVERSITY NEVADA

Is offering classes as follows:

- EDSL 671 Theory & Practice of Bilingual and Multicultural Education
- EDSL 673 Methods & Materials for Teaching English as a Second Language Part 1
- EDSL 635 Curriculum Development & Class Management: Theory and Practice of Second Language Learning
- EDSL 639 Trends & Current Issues in Second Language Acquisition: Assessment and Evaluation of Second Language



TESL

Sundays @ Touro CTE Program 2011-2012

Course #	Title	Week 1	Week 2	Week 3	Week 4	Week 5
EDSL 671	Theory and Practice of Bilingual and Multicultural Education	Jan 8	Jan 15*	Jan 22	Jan 29	Feb 5
EDSL 673	Methods and Materials for Teaching English as a Second Language Part 1	Feb 12	Feb 19*	Feb 26	Mar 4	Mar 11
EDSL 635	Curriculum Development and Class Management: Theory and Practice of Second Language Learning	Mar 18	Mar 25	Apr 15*	Apr 22	Apr 29
EDSL 639	Trends and Current Issues in Second Language Acquisition: Assessment and Evaluation of Second Language	May 6	May 13	May 20	May 27*	Jun 3

*Web enhanced

Course order subject to change

Meeting dates may be amended due to holidays

July 22, 2011

TESL

Tuesdays and Thursdays @ Touro CTE Program 2011-2012

Course #	Title	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
EDSL 671	Theory and Practice of Bilingual and Multicultural Education	Jan 5	Jan 10 Jan 12	Jan 17 Jan 19	Jan 24 Jan 26	Jan 31 Feb 2	Feb 7 Feb 9
EDSL 673	Methods and Materials for Teaching English as a Second Language Part 1	Feb 14 Feb 16	Feb 21 Feb 23	Feb 28 Mar 1	Mar 6 Mar 8*	Mar 13 Mar 15	
EDSL 635	Curriculum Development and Class Management: Theory and Practice of Second Language Learning	Mar 20 Mar 22	Mar 27 Mar 29	Apr 10* Apr 12*	Apr 17 Apr 19	Apr 24 Apr 26	May 1
EDSL 639	Trends and Current Issues in Second Language Acquisition: Assessment and Evaluation of Second Language	May 3	May 8 May 10	May 15 May 17	May 22 May 24	May 29 May 31	Jun 5 Jun 7

*Web Enhanced

Course order subject to change

Meeting dates remain consistent

July 22, 2011



College of Health and Human Services
College of Osteopathic Medicine

GENERAL APPLICATION FOR ADMISSION

ACADEMIC PROGRAM OF INTEREST:

PLEASE CHECK THE PROGRAM FOR WHICH YOU ARE APPLYING:

DEGREE PROGRAMS:

- ___ Doctor of Osteopathic Medicine (DO)
___ Masters of Health Sciences
___ Master of Physician Assistant Studies
___ Master of Science in Occupational Therapy
___ Master of Education
___ Curriculum and Instruction ___ Language and Literacy ___ School Administration
___ Special Education ___ Secondary Education
___ Master of Science in Camp Administration
___ Doctor of Nursing Practice (DNP)
___ Master of Science in Nursing (MSN)
___ Bachelor of Science in Nursing (BSN)
___ RN-BSN
___ Doctor of Physical Therapy Licensed Physical Therapist? ___ Y ___ N
___ Master of Medical Health Sciences

ENDORSEMENTS/CERTIFICATES (requires NV teaching license)

- ___ Advanced Studies Certificate
___ Autism Endorsement
___ Teaching English as a Second Language Endorsement

PLEASE INDICATE THE TERM AND YEAR FOR WHICH YOU ARE APPLYING

___ Summer ___ Fall ___ Spring ___ Year

Are you a continuing/returning student? ___ Yes ___ No

If yes, when did you last attend Touro? _____ (semester/year)

PERSONAL INFORMATION:

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____
(Optional) (Used for statistical Purposes Only)

Telephone: (____) ____-____ Phone #2: (____) ____-____ E-Mail Address _____

Select one of the following: _____M _____F

Are you Hispanic or Latino? Yes/No

Select one or more of the following:

- _____ American Indian/Alaska Native _____ Black or African American
- _____ Asian _____ Native Hawaiian or Other Pacific Islander
- _____ White _____ Other

Permanent Address: _____

City, State, Zip: _____

Current Mailing Address: _____

City, State, Zip: _____

Emergency Contact: _____

Name	Address	City, State, Zip Code
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Phone Number(s) for Emergency Contact: _____

Relationship: _____

Circle One:

U.S. Citizen Permanent Resident Non Resident

If you are a U.S. Citizen: State of Legal Residence _____

If you are not a U.S. Citizen: Visa Type: _____
Country of Citizenship: _____

Have you ever been convicted of a felony ____ Yes ____ No Misdemeanor? ____ Yes ____ No
Note: Background check required for admissions.

Have you ever served in the U.S. Military? _____ Yes _____ No

If yes: _____
Military Branch Dates of Service

Were you honorably discharged? _____ Yes _____ No

PERSONAL EDUCATIONAL INFORMATION

Undergraduate School(s) Attended

(required to list all institutions from which you have received credits)

Institution Name City/State/Country	Major	Graduated Yes/No	Degree	Degree Date	Cumulative GPA

Graduate or Professional School(s) Attended

(required to list all institutions from which you have received credits)

Institution Name City/State/Country	Major	Graduated Yes/No	Degree	Degree Date	Cumulative GPA

Were you ever suspended or expelled from any college or university for unacceptable academic performance or conduct violations? Yes No

If yes, were you denied readmission? Yes No

If yes, please explain: _____

Please indicate your scores for the following exam(s). The exam must have been taken within the past year.

****PT applicants only: GRE**

Month/Year	Quantitative Score	Analytical Score	Verbal Score

****Nursing applicant only: TEAS**

Month/Year	Verbal Score	Physics Score	Science Score	Writing Score	Biology Score

****International Students: TOEFL (required for international students)**

Month/Year	Score

HEALTH-RELATED EMPLOYMENT INFORMATION:

Work Experience: (Please list the current/most recent employer first. Use separate sheets of paper as needed.)

Health-related Employer	Employed from	Employed to	Position held	Responsibilities

Volunteer Experience: (Please list the current/most recent experience first.)

Organization name	Volunteered from	Volunteered to	Responsibilities

REFERENCES:

Below, please complete the requested information for two (2) individuals who are familiar with your academic or professional experience and have been asked to submit a letter of reference or reference form.

Last Name	First Name	Initial
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Company/Organization	Title
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Telephone Number	E-Mail Address
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Last Name	First Name	Initial
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Company/Organization	Title
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Telephone Number	E-Mail Address
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I certify that to the best of my knowledge, the information submitted herein is true and correct. Furthermore, the presenting of false statements or the intentional withholding of information may constitute grounds for denial of admission and/or dismissal from the University.

I have read and understand the above statement: ___ Yes ___ No

Signature of Applicant: _____ Date: _____

ENROLLMENT AGREEMENT/CONTRACT

First Name _____	Last Name _____	
Address _____		
City _____	State _____	Zip _____
Telephone Number _____		
Degree Enrolled For _____		
Academic Program _____		
Catalog Effective Date _____	July 1, 2011 _____	

I understand this document confirms my enrollment and that I have received a copy of the catalog. I also understand that the catalog is part of this agreement/contract and that the curriculum may undergo revisions during my time of enrollment.

*Student's Signature*_____
*Date*_____
*Signature of Director, Admissions or Designee*_____
Date



Touro University Nevada

STUDENT DIRECTORY INFORMATION AUTHORIZATION FORM

Full Name (Please Print): _____

Date of Birth: _____ Academic Program: _____

AUTHORIZATION TO DISCLOSE ACADEMIC INFORMATION TO PARENTS OR SPOUSE

In accordance with FERPA, Touro University Nevada will disclose to parents or spouse information from the academic records of a student provided the University has on file written consent from the student. Please check only if you consent to release information to your parent(s) or spouse.

Consent to release Information

Full name of Parent(s) or Spouse: _____

Student Signature: _____ Date: _____

AUTHORIZATION TO WITHHOLD DIRECTORY INFORMATION

The following is considered "Directory Information" at Touro University and may be made available to the general public unless the student notifies the Office of the Registrar in writing within 4 days from the beginning of the semester.

Student's name, address, e-mail address, telephone listing, place of birth, college, major, honors, awards, photo, classification, dates of enrollment status, degrees conferred, dates of conferral, and graduation distinctions.

Under the provisions of the Family Educational Rights and Privacy Act of 1974 you have the right to withhold disclosure of such Directory Information. Touro University will honor your request to withhold Directory Information. Please consider carefully the consequences of any decision to withhold such Directory Information. Should you decide to inform Touro University not to release any of this information; any request for such information from Touro University will be refused.

This signed request must be received in the Office of Registrar. This authorization is valid until a written request to rescind is received by the Office of the Registrar. **Please note** - if we have not received a request to rescind this hold at the time of your graduation, your name will not appear in the commencement program. It is your responsibility to remove the hold at that time.

Decline to release Information (FERPA Block)

Student Signature: _____ Date: _____

**English Language Learner Program
Nevada State College
TESL/Bilingual Endorsement Reimbursement Request (2011-2012)**

1. Name (Please Print) _____
2. CCSD Personnel ID Number _____ (Interact-Help Desk Icon- Bottom of Screen) 3. Phone _____
4. Home Address _____ City _____ Zip _____
5. School _____ Location # _____
6. My name, address and zip code must match CCSD records for reimbursement process.
7. I request \$ _____ in state tuition reimbursement per class for the following indicated NSC TESL/Bilingual classes:

EDSL 671 Theory & Practice of Bilingual and Multicultural Education	grade _____
EDSL 673 Methods & Materials for Teaching English as a Second Language Part 1	grade _____
EDSL 635 Curriculum Development & Class Management: Theory and Practice of Second Language Learning	grade _____
EDSL 639 Trends & Current Issues in Second Language Acquisition: Assessment and Evaluation of Second Language	grade _____
8. I have enclosed "Statement of Charges" receipt which states the names of classes and shows amount of tuition paid. You will receive this document in the mail from NSC by _____.
9. I have enclosed **copies of Official transcripts** showing **B or higher grades** for the above classes. NSC requires a completed "Transcript Request Form" (<http://nsc.nevada.edu/1161.asp>) and two days for processing requests. You **cannot** walk in with a request and walk out with a transcript.
10. I have attached State Department of Education (9890 S. Maryland Pkwy) TESL/Bilingual endorsement application receipt. (This looks very generic.)
11. I am a permanent licensed CCSD employee with a **non-provisional*** teaching license. I am not a substitute teacher.
12. I understand that I will be reimbursed upon completion of the above indicated coursework and application for TESL/Bilingual endorsement. (Within six weeks after submission of paperwork.)
13. No other CCSD entity is reimbursing me for these classes.

Signature _____
Date

Please **school mail** this form, statement(s) of charges, copy of official transcript(s), and proof of TESL Endorsement (Department of Education receipt) to ELLP attn: Kelly Gibson. Please keep copies for extenuating circumstances. Reimbursement limit per person is \$ _____. Please address questions to Kelly Gibson, 799-2137 or E-mail kgibson@interact.ccsd.net. Incomplete applications will be returned for completion. Your deadline for submission is _____. You will receive a separate reimbursement check in the mail approximately six weeks after your paperwork is submitted. Thank you.

***Per the Nevada Department of Education, teachers with license provisions/restrictions may not be eligible to add TESL/Bilingual endorsement. ARL teachers have a 3-year "conditional" license and are not eligible to add endorsements until non-provisional status is attained. Due to annual budget allocations, ELLP can only guarantee reimbursements submitted within the deadline. It is each individual's responsibility to know their licensure status and how it relates to reimbursement opportunities.**

For Office Use Only
Date Received _____
Received By _____