

# **ATTENTION TEACH APPLICANTS**

The following application deadlines are in effect as of December 5, 2012:

## **EARLY Application Deadline: April 1<sup>st</sup>**

Application fee is \$30 if application is postmarked by this date.

## **Applications Received April 2<sup>nd</sup> through May 1<sup>st</sup>:**

Application Fee is \$50.

## **Applications Submitted after May 1<sup>st</sup>:**

Applications submitted after May 1st are not guaranteed admission or Financial Aid. The \$50 application fee is applicable to any applications received after May 1st.



# LOUISIANA COLLEGE

## INSTRUCTIONS FOR APPLICATION FOR ADMISSION

Master of Arts in Teaching Program (MAT)/

Teacher Education Alternative Certification Honors Program (TEACH)

**MAT APPLICATION DEADLINES: SPRING Enrollment-December 1, SUMMER Enrollment-May 1, FALL Enrollment-August 1**

**Applications received after the deadline are not guaranteed enrollment or financial aid for the semester requested.**

### **INSTRUCTIONS FOR NON-CERTIFIED APPLICANTS (TEACH)**

#### **(CAN BEGIN TEACH PROGRAM IN SUMMER ONLY):**

1. Print in ink or type all information required on this application. Verify that all information is correct and sign the application.
2. Request two (2) OFFICIAL (unopened) transcripts from ALL individual colleges and universities previously attended or currently attending. Cumulative GPA  $\geq 2.20$  is required with a Bachelor's degree. (Please send transcripts to the address listed under number 12 below.)
3. Submit original PRAXIS PPST Exam scores (See application for exemptions. If exempt from PPST, please provide original Master's Degree Transcript, ACT, or SAT scores.)
4. Submit original PRAXIS Content Exam Scores (A print out of scores from [www.teachlouisiana.net](http://www.teachlouisiana.net) or [www.ets.org](http://www.ets.org) is acceptable.)
5. Submit answers to Portal One Questions (1 Handwritten and 4 Typed) (Questions are attached.)
6. Submit completed Health and Immunization Forms (Forms are attached.)
7. Submit Employment Verification with original employer signature by August 2013 (Form is attached.)
8. Submit Two Candidate Recommendation Forms (Forms are attached.)
9. Submit TEACH/MAT Letter of Understanding and Agreement (Form is attached)
10. Include a non-refundable application fee of \$30 before Early application deadline OR \$50 after application deadline.
11. Submit Professional Resumé or Curriculum Vitae with References included.
12. Mail the application with application fee and ALL completed forms listed above to:

TEACH/MAT Program  
Louisiana College  
PO Box 585  
Pineville, LA 71359

6. Submit completed Health and Immunization Forms (Forms are attached.)
7. Submit Employment Verification with original employer signature by August 2013 (Form is attached.)
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Louisiana College  
PO Box 585  
Pineville, LA 71359

### **ALL APPLICANTS:**

***Tuition and fees are due at registration each semester (Summer, Fall, and Spring).*** If tuition and fees are not paid at registration each semester, you will not be allowed to enroll for that semester. Tuition and fee amounts change with each academic year. For the tuition and fees due for the next TEACH/MAT academic year (begins June 1), please contact our office after April 1.

Financial assistance is available from various institutions with processes outside of Louisiana College's control. Therefore, it is imperative that early attention is given by you, the candidate, to the following applicable processes so that your finances are in place ***before registration:***

- Tuition Exemption/Reimbursement may be available through the school parish where you teach. You must contact your parish for appropriate paperwork and deadlines for submission to the personnel office.
- Payment plan with [www.TuitionPay.com](http://www.TuitionPay.com) is available. Contact the Louisiana College Business Office at 318-487-7616 with questions regarding Tuition Pay or Parish Tuition Exemption/Reimbursement.
- TEACH GRANT: Funding for high need fields and areas of teacher shortage per federal and state guidelines. *Get the Facts* <https://teach-ats.ed.gov>. Please read the **TEACH GRANT information on our website** (Finances tab, TEACH/MAT Financial Aid).
- FAFSA forms should be completed and submitted in January or as soon as possible thereafter. Go to [www.FAFSA.ed.gov](http://www.FAFSA.ed.gov) to complete this form. You will indicate interest in the TEACH Grant at this site.
- Federal Student Loans through government programs or Personal Loan from financial institution. (Contact our Financial Aid Office at 318-487-7386 with questions regarding Student Loans, FAFSA, or the TEACH Grant.)

***Please note: The Teacher Education Department does not process any aspects of tuition or financial aid; please contact the appropriate departments listed in the section above or visit [www.lacollege.edu](http://www.lacollege.edu).***

### **INSTRUCTIONS FOR CERTIFIED APPLICANTS (MAT):**

1. Print in ink or type all information required on this application. Verify that all information is correct and sign the application.
2. Request one (1) OFFICIAL (unopened) transcript from ALL individual colleges and universities previously attended or currently attending. Cumulative GPA  $\geq 2.20$  is required with a Bachelor's degree. (Please send transcripts to the address listed under number 12 below.)
3. Submit verification of Teacher Certification
4. Submit original GRE scores (GRE General Test)
5. Submit answers to Portal One Questions (1 Handwritten and 4 Typed) (Questions are attached.)



# LOUISIANA COLLEGE

## Application for Admission to Master of Arts in Teaching Program (MAT) / Teacher Education Alternative Certification Honors Program (TEACH)

### For Office Use Only

Date Received: \_\_\_\_\_

Application Fee Pd: \_\_\_\_\_

Processed: DB \_\_\_\_\_ JZ \_\_\_\_\_

**Instructions:** Please print in ink or type all information. Include a non-refundable application fee of \$30 before application deadline OR \$50 after application deadline and any other required documents with this application. An incomplete application WILL delay processing.

### ADMISSION PLAN

■ MAT (certified): Semester/Year you plan to enroll at Louisiana College: ☐ Summer Yr \_\_\_\_\_ ☐ Fall Yr \_\_\_\_\_ ☐ Spring Yr \_\_\_\_\_

■ TEACH (not certified): Summer you plan to enroll Yr \_\_\_\_\_ ■ Will you need campus housing for the Summer Session? Yes / No

*Applications received after the application deadline are not guaranteed enrollment or financial aid for the semester requested.*

### PERSONAL DATA

■ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ■ Name \_\_\_\_\_  
Last First Middle Maiden

■ Mailing Address \_\_\_\_\_  
Number / Street / Apartment # City State Zip

■ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ ■ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ ■ Other Phone ( \_\_\_\_\_ ) \_\_\_\_\_

■ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ■ Residence Parish \_\_\_\_\_ ■ Email \_\_\_\_\_  
mm dd yyyy

■ Ethnic Origin (*for reporting purposes only*) \_\_\_\_\_ ■ Gender: M / F ■ Marital Status \_\_\_\_\_

■ Military Veteran: Y / N ■ U.S. Citizen: Y / N ■ Religion (*optional*) \_\_\_\_\_ ■ Church/Location \_\_\_\_\_

■ Have you ever been convicted of a felony or offense involving moral turpitude (including, but not limited to theft, rape, murder, and indecency with a minor) and/or received probation or deferred adjudication? Yes / No **If yes, please explain on a separate piece of paper.**

### EMERGENCY CONTACT

■ Name: \_\_\_\_\_ ■ Relationship: \_\_\_\_\_ ■ Phone: \_\_\_\_\_

### EDUCATIONAL BACKGROUND

■ Have you attended Louisiana College before? Yes / No ■ If "Yes", please indicate last date attended: \_\_\_\_\_

| List ALL Colleges/Universities<br>you have attended* | Degree Earned | Major | Last Date<br>Attended |
|--|---------------|-------|-----------------------|
|  |               |       |                       |
|  |               |       |                       |
|  |               |       |                       |
|  |               |       |                       |

*\*If necessary, list any additional college/universities on separate piece of paper.*

■ Is your degree from a regionally accredited institution? Yes / No

■ If you previously attended another college or university, are you academically eligible to return to that institution at this time? Yes / No

### WORK / TEACHING EXPERIENCE

| From |    | To |    | Name of Employer / Phone Number<br>(beginning with most current) | Position Held | If teaching, do you<br>have a temporary<br>license (i.e. TAT, PL)? |
|------|----|----|----|--|---------------|--|
| MO   | YR | MO | YR |  |               |  |
|      |    |    |    |  |               |  |
|      |    |    |    |  |               |  |
|      |    |    |    |  |               |  |

*\*If necessary, list any additional work / teaching experience on separate piece of paper.*

## CERTIFICATION AREA

■ Please indicate your current certification status: ☐ Certified ☐ Non-Certified (seeking initial teacher certification)

■ If you are already **certified**, please indicate the area(s) you are certified in. (Check **all** that apply)

■ If you are **not certified**, please indicate the area in which you are seeking initial certification\*? (Check **ONE** only)

☐ Early Childhood (Grades PK-3)\*\*

☐ Elementary (Grades 1-5)

☐ Middle School (Grades 4-8) Subject: \_\_\_\_\_

☐ Secondary (Grades 6-12) Subject: \_\_\_\_\_

☐ All-level K-12 Art

☐ All-level K-12 Music

☐ All-level K-12 Health and Physical Education

☐ Special Education Mild/Moderate (Grades 1-5)\*\*

☐ Special Education Mild/Moderate (Grades 4-8)\*\*

☐ Special Education Mild/Moderate (6-12)\*\*

\*PRAXIS Exams and teaching position for Fall and Spring must correlate with the area in which you are seeking initial certification.

\*\*Early Childhood and Special Education certification areas require a total of **24-27 hours** of coursework through the TEACH Program.

## PRAXIS EXAMS—REQUIRED FROM NON-CERTIFIED APPLICANTS

*It is a Louisiana State Department of Education requirement that you have a passing score on the following parts of the PRAXIS to be admitted to any Alternate Certification Program.* To schedule an exam, go to [www.ets.org](http://www.ets.org). You can also find Louisiana PRAXIS Requirements at [www.ets.org](http://www.ets.org) to determine the current exam numbers and scores.

### ■ PRAXIS I: Pre-Professional Skills Test (PPST)

You may be **exempt** from the PRAXIS PPST if one of the following applies to you (check all that apply):

\_\_\_\_ Exempt from PPST because of earned Master's Degree (Please submit official transcripts verifying this degree.)

\_\_\_\_ Exempt from PPST because of ACT Composite Score of 22 or higher (Please submit original ACT score report.)

\_\_\_\_ Exempt from PPST because of SAT combined Verbal and Math Score of 1030 or higher (Please submit original SAT score report.)

\*If you are **not exempt** due to one of the reasons listed above, you must submit **original** PRAXIS PPST Scores with this application (a print out from the [www.teachlouisiana.net](http://www.teachlouisiana.net) or [www.ets.org](http://www.ets.org) is acceptable). NTE passing scores are accepted if exams were taken and passed before the exam became inactive.

### ■ PRAXIS II: Content Specific Exam

Content Area Exam Taken: \_\_\_\_\_ Score: \_\_\_\_\_

**Please note:** If seeking certification in **Special Education Mild/Moderate Grades 1-5**, you must take the **Elementary Content PRAXIS Exam**. If seeking certification in **Special Education Mild/Moderate Grades 4-8**, you must take one of the **Middle School 4-8 Core Content PRAXIS Exams** in English, Science, Social Studies or Mathematics. If seeking certification in **Special Education Mild/Moderate Grades 6-12**, you must take one of the following **Secondary 6-12 Core Content Subject Area PRAXIS Exams**: English, any 6-12 Science, Social Studies, or Mathematics.

## GRE SCORE – REQUIRED FROM CERTIFIED APPLICANTS

■ Have you taken the GRE? Yes / No ■ If yes, please indicate date GRE was taken (Month/Year): \_\_\_\_\_

To determine eligibility, a GRE formula score of 1100 or greater is required. Original Score Report is required.

■ Please compute score as follows: Undergraduate Grade Point Average \_\_\_\_\_ x 75 = Total (a): \_\_\_\_\_

GRE Verbal \_\_\_\_\_ + GRE Quantitative \_\_\_\_\_ = Total (b) : \_\_\_\_\_

Total (a) + Total (b) = GRE Formula Score: \_\_\_\_\_

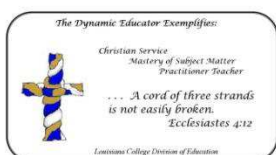
## SIGNATURE

I certify that the information given above is complete and correct to the best of my knowledge. I understand that failure to provide complete and accurate information is a basis for rejection of my application. If admitted on the basis of incomplete and inaccurate information, I may be suspended and may forfeit any credits earned and all fees.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

2/2013



**Please return all completed documents to:**

**TEACH/MAT Program**  
**Louisiana College**  
**PO Box 585**  
**Pineville, LA 71359**



# PORTAL ONE QUESTIONS

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

The following five (5) questions are an important component of the application process. In answering these questions, you are making a statement about your values and your professional goals. Please take great care in answering the following questions in a professional and thoughtful manner.

**A. Type:** The following questions are to be typed double spaced using 12 point font. \*Please limit your responses to one full page in length per question.

1. What are some characteristics of a professional teacher?
2. What influenced you to become a teacher and why?
3. Share some examples of service that you have experienced from teachers that you have had. Discuss why serving others is so important as a teacher.
4. What are your professional goals as a teacher?

**B. Handwritten:** The response to the following question is a very important part of our screening process. The response will be checked for grammar and content. In the space below (and a separate sheet if necessary), answer the following question in your own handwriting. (Minimum of 400 words)

5. How will the “life experiences” you have had in the past impact your teaching?

***Please write your name at the top of ALL pages submitted.***

# Health History Record

Louisiana College Health Services  
1140 College Drive, Box 106  
Pineville, LA 71359  
318-487-7750  
[cmartin@lacollege.edu](mailto:cmartin@lacollege.edu)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Semester of enrollment:  
☐ Fall ☐ Spring ☐ Summer Year: \_\_\_\_\_

Major \_\_\_\_\_

## CLASS LOCATION:

- ☐ on campus  
☐ on line only  
☐ off campus, in Pineville

**CONFIDENTIAL : Must be completed and returned before registering for classes**

### PLEASE PRINT CONTACT INFORMATION

Name \_\_\_\_\_ **M / F**  
Last First Middle Maiden Nickname Gender

Address \_\_\_\_\_  
Street/P.O. Box City/Town State Zip Code

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Persons to be notified in an emergency: \_\_\_\_\_ Student e-mail address \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

### HEALTH INSURANCE INFORMATION

### SUBMIT COPY OF BOTH SIDES OF INSURANCE CARD

Name of Ins. Co. \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_

### ALLERGIES

To Medication \_\_\_\_\_ Food \_\_\_\_\_

Bee Sting \_\_\_\_\_ Other \_\_\_\_\_

Are you now taking allergy vaccine? **No/ Yes** – Please have your physician send pertinent information to us so that we can continue to give your allergy injections.

### MEDICATIONS

Current medications (include dosage) \_\_\_\_\_

### HISTORY OF ILLNESS Have you ever or do you now have any of the following? Check all that apply.

|                          |                                   |                          |                                 |                          |   |
|--------------------------|-----------------------------------|--------------------------|---------------------------------|--------------------------|---|
| <input type="checkbox"/> | Alcoholism or chemical dependency | <input type="checkbox"/> | Heart disease                   | <input type="checkbox"/> | Painful menstruation                          |
| <input type="checkbox"/> | Anemia or other blood disease     | <input type="checkbox"/> | High blood pressure             | <input type="checkbox"/> | Rheumatic fever                               |
| <input type="checkbox"/> | Asthma                            | <input type="checkbox"/> | Hepatitis                       | <input type="checkbox"/> | Skin disease                                  |
| <input type="checkbox"/> | Bone or joint disease             | <input type="checkbox"/> | Kidney disease                  | <input type="checkbox"/> | Stomach trouble, intestinal disease, or ulcer |
| <input type="checkbox"/> | Cancer                            | <input type="checkbox"/> | Major trauma, multiple injuries | <input type="checkbox"/> | Suicide attempt                               |
| <input type="checkbox"/> | Chickenpox                        | <input type="checkbox"/> | Migraine headaches              | <input type="checkbox"/> | Tonsillitis                                   |
| <input type="checkbox"/> | Convulsions                       | <input type="checkbox"/> | Meningitis                      | <input type="checkbox"/> | Have you ever had a BLOOD transfusion?        |
| <input type="checkbox"/> | Diabetes                          | <input type="checkbox"/> | Mononucleosis                   | <input type="checkbox"/> | Other serious illnesses?                      |
| <input type="checkbox"/> | Drug or alcohol overdose          | <input type="checkbox"/> | Psychiatric treatment           | <input type="checkbox"/> | Other medical problems?                       |
| <input type="checkbox"/> | Ear, nose, or throat disease      | <input type="checkbox"/> | Psychological problems          | <input type="checkbox"/> | Handicapping conditions                       |
| <input type="checkbox"/> | Eating disorder                   | <input type="checkbox"/> | Psychological counseling        | <input type="checkbox"/> | Hospitalization                               |
| <input type="checkbox"/> | Eye disease                       | <input type="checkbox"/> |                                 | <input type="checkbox"/> |   |

Explanation of all checked answers \_\_\_\_\_

Candidate Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PERSONAL HISTORY**

Please check all that apply.

|   |
|---|
| I have physical handicaps or disabilities. Please explain. _____  |
| I have special health requirements? Please specify. _____   |
| I have consulted or been treated by clinics, physicians, healers, or other practitioners within the last 5 years other than for routine checkups. Please explain. _____ |
| I have been diagnosed and/or treated for an eating disorder (Anorexia nervosa, bulimia, or other) and have been/am being treated for it. Please explain. _____          |
| I have dietary restrictions. Please explain. _____  |
| I have been involved in counseling or psychiatric therapy for a nervous condition, personality disorder, family situation, or emotional problem. Give details. _____    |
| I have been treated for chemical dependency. Type _____<br>Duration of treatment program. _____   |

**\*AUTHORIZATION FOR MEDICAL CARE AND RELEASE OF INFORMATION\***

IN ORDER TO PROMOTE ACCESS TO MEDICAL CARE FOR STUDENTS WITH MEDICAL ILLNESS, WHETHER PHYSICAL OR EMOTIONAL, EACH STUDENT EIGHTEEN (18) YEARS OF AGE (OR OVER) OR THE CUSTODIAL PARENT/GUARDIAN OF EACH STUDENT UNDER EIGHTEEN (18) YEARS OF AGE **AGREES** AS FOLLOWS:

I do hereby give and grant unto the Louisiana College school physicians and nurses my consent to perform routine medical care through Louisiana College Health Services and necessary emergency care procedures and to use their own judgment in securing medical aid and/or emergency transportation. I understand that I am financially responsible for any and all medical expenses incurred.

I further hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care as may be required on an emergency basis, in the event that I should be stricken ill while under the supervision of Louisiana college personnel. This permission includes admission to a hospital, emergency surgery, administration of medications, therapeutic procedures, etc., as deemed necessary by the attending physician.

I hereby authorize any physician or practitioner who has observed (student's name) \_\_\_\_\_ for diagnosis or treatment for any disease or ailment, and any hospital or clinic where I/she/he have or has been a patient for such diagnosis, treatment, disease, or ailment, to give full particulars thereof, upon request, to the Louisiana College Dean of Students.

If I participate in intercollegiate athletics, I give my permission for a copy of this health history and other pertinent health information to be given as needed for the treatment of illness to the Athletic Director, Coach, or Athletic Trainer.

I give my permission to Louisiana College Health Services to inform the Dean of Students, Student Counselor, and/or Residence Life Staff of pertinent health or emotional problems so my health may be maintained in an appropriate manner. I give my permission to the Health Services Staff for a referral for student counseling services as deemed appropriate by the college physician.

A Photostat of this authorization shall be valid as the original and any photostat and the original shall expire at the date the student graduates, or otherwise permanently ceases to be a student at Louisiana College.

**SIGNATURES**

**STUDENT** \_\_\_\_\_ **DATE** \_\_\_\_\_  
All students must sign even if under 18 years of age

**PARENT/GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Required for Student under 18 years of age

**\*PLEASE BE SURE TO READ AND SIGN THE ABOVE AUTHORIZATION\***

Revised March 2011



## PROOF OF IMMUNIZATION COMPLIANCE

(Louisiana R.S. 17:170 Schools of Higher Learning)

Vaccine requirements applicable only to students born on or after January 1, 1957

**You will not be permitted to register until this form is completed and returned, or a wavier has been signed for your file.**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Please Print Last First Middle Maiden MM/DD/YY

Semester of Enrollment: ☐ Fall ☐ Spring ☐ Summer Year 20 \_\_\_\_\_ Major/Program \_\_\_\_\_

### Physician must complete this section.

#### Required Vaccines

**Measles, Mumps, Rubella (MMR)** 2 doses required

First dose: \_\_\_\_\_  
(Date)

Second dose: \_\_\_\_\_  
(Date)

**OR**

Serologic Test Date and Result: \_\_\_\_\_  
(Date) (Result)

**OR**

Date of disease \_\_\_\_\_  
(Date)

#### Tetanus-Diphtheria

Td or Tdap: \_\_\_\_\_  
(Circle one) (Date within 10 years)

**Meningococcal Vaccine** (one dose required)  
 Quadrivalent vaccine (A, C, Y, W-135)

\_\_\_\_\_  
(Date) (Vaccine Type)

#### Recommended Vaccines

**Hepatitis B Vaccine** (3 dose series)

First dose: \_\_\_\_\_  
(Date)

Second dose: \_\_\_\_\_  
(Date)

Third dose: \_\_\_\_\_  
(Date)

Titer: \_\_\_\_\_  
(Date) (Result)

#### Varicella (Chicken Pox) Vaccine (2 dose series)

First dose: \_\_\_\_\_  
(Date)

Second dose: \_\_\_\_\_  
(Date)

History of Disease: ☐ No ☐ Yes \_\_\_\_\_  
(Date or approx. age)

**PLEASE DO NOT SIGN THIS COMPLIANCE FORM UNLESS THE STUDENT HAS HAD THE REQUIRED VACCINES OR IMMUNE TESTS.**

(Signature of physician/Other Health Care Provider) \_\_\_\_\_

\_\_\_\_\_  
(Date)

Please print office address or stamp here:

Please make a copy of this form for your personal record.

**Remember to return this completed form to the Office of Health Services, LC Box 106, Pineville, La 71359**

Please read the following information carefully:

Louisiana Law requires all students (**born on or after January 1, 1957**) entering Louisiana College to be immunized against Measles, Mumps, and Rubella, Tetanus-Diphtheria (within the past 10 years), and Meningococcal disease (Meningitis). The vaccines required on this form are for the purpose of implementing the requirements of Louisiana R.S. 17:170, and of meeting the established recommendations for control of vaccine-preventable diseases as recommended by the American Academy of Pediatrics (AAP); the Advisory Committee on Immunization Practices to the United States Public Health Service (ACIP); and the American College Health Association (ACHA). Students not meeting the MMR & TD requirement will be prevented from registering for subsequent semesters.





## WAIVER OF VACCINATION AND RELEASE FROM RESPONSIBILITY FORM

|  |   |
|--|---|
| <p><b><u>Measles Requirement:</u></b> Two doses of live vaccine given at any age, except that the vaccine must have been given on or after the first birthday. In 1968 or later, and without Immune Globulin. A second dose of measles vaccine must meet the same requirement, but should not have been given within 30 days of the first dose. A history of physician-diagnosed measles is acceptable for establishing immunity, but should be accepted with caution.</p> | <p><b><u>Meningitis Information:</u></b> Meningococcal disease is a serious disease that affects the brain and spinal cord. The disease is spread through droplet transmission from the nose or throat, such as sneezing or coughing, and direct contact with oral secretions of an infected individual. This includes such things as kissing, sharing drinks, food, utensils, cigarettes, lip balm or any object that has been in someone else's mouth. Because meningitis is a grave illness and can rapidly progress to death, it requires early diagnosis and treatment. This is often difficult because the symptoms closely resemble those of the flu and the highest incidence of meningitis occurs during the late winter and early spring (flu-season). When not fatal, meningitis can lead to permanent disabilities such as hearing loss, brain damage, or loss of limbs.</p> <p>The U.S. Centers for Disease Control and Prevention (CDC) and the American College Health Association (ACHA) recommend that college students, particularly freshmen living in dormitories, are at a greater risk for meningitis than the general population. Behavior and social aspects of college lifestyle activities put these students at greater risk. Two meningococcal vaccines are available in the U.S. – Menomune ® and Menactra TM (MCV4). The vaccinations are effective against 4 of the 5 most common bacterial types that cause 70% of the disease in the U.S. (but does not protect against all types of meningitis – DOES NOT COVER Group B serotype). Vaccinations take 7 – 10 days to become effective, with possible protection lasting 3 – 5 years. As with any vaccine, vaccination may not protect 100% of all susceptible individuals.</p> <p>Who should not get the vaccine: people who have had Guillain-Barre Syndrome; Over 55 years old; Pregnant or suspect that you may be; Allergic to thimerosal, a substance found in several vaccines; Have an acute illness, with fever (101 or higher). Reactions to the vaccine may include pain, redness, and induration at the site of injection, headache, fatigue, and malaise. The vaccine is contraindicated in persons with known hypersensitivity to any component of the vaccine or to latex, which is used in the vial stopper. Because of the risk of injection site hemorrhage, the vaccine should not be given to persons with any bleeding disorder or to a person on anticoagulant therapy unless the potential benefit clearly outweighs the risk of administration. A few cases of Guillain-Barre Syndrome, a serious nervous system disorder, have been reported among people who received the vaccine. As with any vaccine, there is a possibility of an allergic reaction. Vaccination is available at Health Services (for a fee), private physician offices, and Health Units.</p> |
| <p><b><u>Tetanus-Diphtheria Requirement:</u></b> A booster dose of vaccine given within the past ten years. Students can be considered to have completed a primary series earlier in life, unless they state otherwise.</p>  |   |
| <p><b><u>Meningitis Requirement:</u></b> One dose of Menomune ® (MPSV4) or Menactra TM (MCV4).</p>   |   |

### WAIVER OF VACCINATION

BE IT KNOWN that on this date I, \_\_\_\_\_, (**Print Name of Student**) have read the CDC and ACHA guidelines (above) for Measles Requirement, Tetanus-Diphtheria Requirement, and Meningitis Requirement including the Meningitis Information and understand that my health could be negatively affected and my life possibly endangered by not receiving these vaccines. The reason for my completing this waiver is (initial one):

|                                     |                     |
|-------------------------------------|---------------------|
| _____ Personal                      | _____               |
| (initial)                           | (Explain in detail) |
| _____ Medical                       | _____               |
| (initial)                           | (Explain in detail) |
| _____ Religious                     | _____               |
| (initial)                           | (Explain in detail) |
| _____ Unavailability of the Vaccine | _____               |
| (Initial)                           | (Explain in detail) |

**I AM WAIVING THE FOLLOWING VACCINE(S)** (initial applicable vaccines):

|                                   |                               |                                  |
|-----------------------------------|-------------------------------|----------------------------------|
| _____ Measles Mumps Rubella (MMR) | _____ Tetanus-Diphtheria (Td) | _____ Meningococcal (Meningitis) |
| (Initial)                         | (Initial)                     | (Initial)                        |

I fully understand that if I claim exemption for medical or personal reasons, I may be excluded from campus and from classes in the event of an outbreak of measles, mumps, rubella, or meningitis until the outbreak is over or until I submit proof of immunization. I declare myself to be a person of full age of majority and to be mentally competent. I hereby assume full responsibility for any and all possible present or future results or complications of my condition as a result of not receiving the required vaccinations. I do further hereby now and forever free and release the Louisiana College, the Department of Health and Hospitals and all its agents, attending health care professionals, and other personnel from any and all legal or financial responsibility as a result of not receiving the vaccinations. I certify that I have read (or have had read to me) and that I fully understand this Waiver of Vaccination and Release from Responsibility. All explanations were made to me and all blanks completed before signing my name. I have elected to not receive the vaccinations of my own free will.

|                   |      |   |      |
|-------------------|------|---|------|
| Student Signature | Date | Parent/Guardian Signature if student under 18 years old | Date |
|-------------------|------|---|------|

# Employment Verification

Submit original document to: Louisiana College TEACH/MAT Program, 1140 College Drive, Box 585, Pineville, LA 71359  
Contact: 318-487-7302; Email: education@lacollege.edu

## ***TO BE COMPLETED BY PERSONNEL DIRECTOR of Employing School District***

### **Please note:**

■ **Non-Certified Teacher:** You must be employed by the first class meeting of the semester (not including summer semester) in order for you to enroll in ED 573 Practitioner Internship.

■ **Certified Teacher:** You must submit this form as proof of employment for completion of advanced internship and practicum coursework.

This document shall serve as verification to the Louisiana College Teacher Education Department of the full-time employment of the individual listed below contingent upon him/her meeting the following:

- Compliance with ALL program requirements for the Practitioner Teacher Program (TEACH)/Master of Arts in Teaching Program (MAT)
- Fulfill conditions set forth by the Board/System for employment of full-time teachers

Employee Name (please print): \_\_\_\_\_

School Name: \_\_\_\_\_

Parish/District: \_\_\_\_\_

School year employed (ex: 2013-2014): \_\_\_\_\_

**The above named employee must be a *full-time* teacher and teach at least ONE hour per day in the subject area and grade level in which he/she is pursuing certification.**

Please indicate the SUBJECT the employee will be teaching: \_\_\_\_\_

Please indicate the GRADE LEVEL the employee will be teaching: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Personnel Director Signature\*

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\*If the school, subject/grade level and/or signature is left blank, this document will be null and void. A signature from a Principal or Assistant Principal is **not** accepted unless the employer is a **private** state approved school.



## *Division of Education*

### **TEACH / MAT LETTER OF UNDERSTANDING AND AGREEMENT**

**2013-2014**

By signing this document I understand that I am granting Professors and/or Administrators directly involved in my Louisiana College TEACH/MAT program permission to contact any person who acts or has acted in a supervisory capacity during my past or present employment in an education related field including classroom teacher and instructional aide.

I furthermore understand and agree that any past education related positions held by me must be disclosed to the Louisiana College Department of Teacher Education.

I furthermore understand and agree that Louisiana College may seek a criminal history and background check.

I furthermore understand and agree that Louisiana College's top priority is to maintain the rigor and respect of the TEACH/MAT program. As a voluntary participant, I will adhere to the policies and guidelines found in the Louisiana College Catalog, Graduate Handbook and TEACH/MAT Handbook. It is my responsibility to read and be familiar with the aforementioned policies and guidelines. I will maintain a professional disposition that reflects the unchanging foundations of Christ's teachings.

I furthermore understand and agree that the TEACH/MAT Graduate Committee, appointed by the President's Office, has the right and responsibility to deny admission and/or dismiss from the program, any individual who it deems does not display the dispositions or meets the standards described in this and other official Louisiana College documents.

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Student's Name (please print)

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Student Date of Birth

---

Student's Signature

---

Date

# Louisiana College Candidate Recommendation

(Page 1 of 2)

- ❖ **TO THE CANDIDATE:** Please **print** your name and address *legibly* below and give this form to the appropriate person along with a stamped envelope addressed to:

Louisiana College Teacher Education Department  
1140 College Drive Box 585  
Pineville, LA 71359

Candidate's name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

- ❖ **TO THE RECOMMENDER:** The person named above is applying to the *Louisiana College Master of Arts in Teaching* program. The Louisiana College MAT Admissions Committee needs a candid and honest recommendation as it chooses among highly qualified candidates. Please state your thoughts about the candidate's personal/professional qualifications. Upon completion, please place the form in the self-addressed, stamped envelope provided.

Your Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Relationship to candidate: \_\_\_\_\_  
Approximate length of time you have known the candidate and in what context: \_\_\_\_\_

**Directions: Please place a mark in one box per quality indicator below.**

| Personal Qualities                   | Poor<br>(Lower<br>10%) | Below<br>Average | Average | Good | Excellent<br>(top 10%) | No<br>Observation |
|--------------------------------------|------------------------|------------------|---------|------|------------------------|-------------------|
| Social/Emotional Maturity            |                        |                  |         |      |                        |                   |
| Independence                         |                        |                  |         |      |                        |                   |
| Peer compatibility                   |                        |                  |         |      |                        |                   |
| Honesty/Integrity                    |                        |                  |         |      |                        |                   |
| Reaction to criticism                |                        |                  |         |      |                        |                   |
| Common sense                         |                        |                  |         |      |                        |                   |
| Respect for authority                |                        |                  |         |      |                        |                   |
| Motivation                           |                        |                  |         |      |                        |                   |
| Enthusiasm                           |                        |                  |         |      |                        |                   |
| Effectiveness of Voice and<br>Speech |                        |                  |         |      |                        |                   |
| Emotional Control                    |                        |                  |         |      |                        |                   |

Reprint Candidate Name: \_\_\_\_\_

| Academic and Professional Qualities      | Below Average | Average | Good (above average) | Very Good (well above average) | Excellent (top 10%) | Outstanding (top 5%) | No Observation |
|--|---------------|---------|----------------------|--------------------------------|---------------------|----------------------|----------------|
| Quality of writing                       |               |         |                      |                                |                     |                      |                |
| Classroom Performance                    |               |         |                      |                                |                     |                      |                |
| Command of Subject Area                  |               |         |                      |                                |                     |                      |                |
| Ability to follow instructions           |               |         |                      |                                |                     |                      |                |
| Ability to work in groups                |               |         |                      |                                |                     |                      |                |
| Diligence in completing tasks            |               |         |                      |                                |                     |                      |                |
| Adjustment to new situations/assignments |               |         |                      |                                |                     |                      |                |
| Initiative/Follow through                |               |         |                      |                                |                     |                      |                |

The applicant's commitment to his/her work ethic is exemplified by the statement: "*Above and beyond the call of duty.*" \_\_\_extremely well \_\_\_\_very well \_\_\_\_moderately well \_\_\_\_not well

What are the first words that come to your mind as you describe the candidate?

\_\_\_\_\_

If your own child or grandchild were to be placed in this candidate's classroom, what would your reaction be?

☐ This is wonderful!    ☐ This is good.        ☐ This is ok.

☐ This is bad.                ☐ How can I get a new teacher!

Please feel free to attach any anecdotal information regarding your responses.

\_\_\_\_\_  
Signature of Recommender

\_\_\_\_\_  
Date

# Louisiana College Candidate Recommendation

(Page 1 of 2)

- ❖ **TO THE CANDIDATE:** Please **print** your name and address *legibly* below and give this form to the appropriate person along with a stamped envelope addressed to:

Louisiana College Teacher Education Department  
1140 College Drive Box 585  
Pineville, LA 71359

Candidate's name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

- ❖ **TO THE RECOMMENDER:** The person named above is applying to the *Louisiana College Master of Arts in Teaching* program. The Louisiana College MAT Admissions Committee needs a candid and honest recommendation as it chooses among highly qualified candidates. Please state your thoughts about the candidate's personal/professional qualifications. Upon completion, please place the form in the self-addressed, stamped envelope provided.

Your Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Relationship to candidate: \_\_\_\_\_  
Approximate length of time you have known the candidate and in what context:  
\_\_\_\_\_

**Directions: Please place a mark in one box per quality indicator below.**

| Personal Qualities                   | Poor<br>(Lower<br>10%) | Below<br>Average | Average | Good | Excellent<br>(top 10%) | No<br>Observation |
|--------------------------------------|------------------------|------------------|---------|------|------------------------|-------------------|
| Social/Emotional Maturity            |                        |                  |         |      |                        |                   |
| Independence                         |                        |                  |         |      |                        |                   |
| Peer compatibility                   |                        |                  |         |      |                        |                   |
| Honesty/Integrity                    |                        |                  |         |      |                        |                   |
| Reaction to criticism                |                        |                  |         |      |                        |                   |
| Common sense                         |                        |                  |         |      |                        |                   |
| Respect for authority                |                        |                  |         |      |                        |                   |
| Motivation                           |                        |                  |         |      |                        |                   |
| Enthusiasm                           |                        |                  |         |      |                        |                   |
| Effectiveness of Voice and<br>Speech |                        |                  |         |      |                        |                   |
| Emotional Control                    |                        |                  |         |      |                        |                   |

Reprint Candidate Name: \_\_\_\_\_

| Academic and Professional Qualities      | Below Average | Average | Good (above average) | Very Good (well above average) | Excellent (top 10%) | Outstanding (top 5%) | No Observation |
|--|---------------|---------|----------------------|--------------------------------|---------------------|----------------------|----------------|
| Quality of writing                       |               |         |                      |                                |                     |                      |                |
| Classroom Performance                    |               |         |                      |                                |                     |                      |                |
| Command of Subject Area                  |               |         |                      |                                |                     |                      |                |
| Ability to follow instructions           |               |         |                      |                                |                     |                      |                |
| Ability to work in groups                |               |         |                      |                                |                     |                      |                |
| Diligence in completing tasks            |               |         |                      |                                |                     |                      |                |
| Adjustment to new situations/assignments |               |         |                      |                                |                     |                      |                |
| Initiative/Follow through                |               |         |                      |                                |                     |                      |                |

The applicant's commitment to his/her work ethic is exemplified by the statement: "*Above and beyond the call of duty.*" \_\_\_extremely well \_\_\_\_very well \_\_\_\_moderately well \_\_\_\_not well

What are the first words that come to your mind as you describe the candidate?

\_\_\_\_\_

If your own child or grandchild were to be placed in this candidate's classroom, what would your reaction be?

☐ This is wonderful!    ☐ This is good.    ☐ This is ok.

☐ This is bad.    ☐ How can I get a new teacher!

Please feel free to attach any anecdotal information regarding your responses.

\_\_\_\_\_  
**Signature of Recommender**

\_\_\_\_\_  
**Date**