

**Application**  
**North Coast Paraprofessional Teacher Training Program**

*Note: Applicants must currently be employed as paraprofessionals by district/program sponsors. Applications are submitted to the applicant's district or county office for signature on p.2 and then forwarded to NCPTTP. Please complete EVERY question.*

Name: \_\_\_\_\_ Social security #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Email: \_\_\_\_\_

Current job classification: \_\_\_\_\_ Work phone: \_\_\_\_\_

Years with the district/county: \_\_\_\_\_ Employment site: \_\_\_\_\_

Education completed: \_\_\_ high school \_\_\_ AA degree \_\_\_ BA/BS degree \_\_\_ MA/MS

Have you ever participated in a program funded by the State of California's Paraprofessional Teacher Training Program (PTTP)? \_\_\_ yes \_\_\_ no

Have you ever held, or do you currently hold, a credential or permit issued by the Commission on Teacher Credentialing? \_\_\_ yes \_\_\_ no If yes, which one? \_\_\_\_\_

Do you have a Certificate of Clearance issued by the Commission on Teacher Credentialing? \_\_\_ yes \_\_\_ no (Note: Certificate of Clearance is required for entry into NCPTTP.)

Have you passed CBEST? \_\_\_ yes \_\_\_ no Have you passed CSET? \_\_\_ yes \_\_\_ no

I intend to become a teacher in this specialization within \_\_\_\_\_ (approximate) years.

\_\_\_ Single Subject \_\_\_\_\_ Multiple Subject  
\_\_\_ Special Education: \_\_\_ mild/moderate \_\_\_ moderate/severe

I \_\_\_ am enrolled \_\_\_ plan to enroll in the \_\_\_\_\_ (A.A., B.A., credential) program for the spring/fall term at \_\_\_\_\_ college/university.

**Why do you want to become a teacher?** Please describe your interest in the profession and your personal and professional goals. (*Attach separate page.*)

**References.** Please give the names, titles and phone numbers for two people who are familiar with your work experience and career aspirations.

Name \_\_\_\_\_ Title \_\_\_\_\_  
Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_  
Phone \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**North Coast Paraprofessional Teacher Training Program**  
*Application Form p. 2*

**District/County Office Verification and Sponsorship**

District/COE: \_\_\_\_\_

Name of applicant: \_\_\_\_\_

District contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email \_\_\_\_\_

1. The District/COE supports the above paraprofessional's intent to become a teacher in the specialization checked below within \_\_\_\_\_ (estimate) years.  
\_\_\_ Single Subject  
\_\_\_ Multiple Subject  
\_\_\_ Special Education: mild/moderate \_\_\_\_\_ mod/severe \_\_\_\_\_
2. The District/COE agrees to inform NCPTTP staff of any changes in the paraprofessional participant's employment status.

\_\_\_\_\_  
District/COE designee signature

\_\_\_\_\_  
Date

Please note that submission of an application does not mean automatic acceptance into the NCPTTP. Acceptance is on a space available basis and is based on the following priorities:

1<sup>st</sup>: Applicants currently enrolled in a **credential program** at one of our partner universities

2<sup>nd</sup>: Applicants currently enrolled in a **B.A. program** at one of our partner universities

3<sup>rd</sup>: Applicants currently enrolled in one of our partner **community colleges**

Notification of acceptance into NCPTTP will be sent to the applicant by AUGUST 1 of the fall/spring academic year.

**Please return to:** Carol Lingman, North Coast Beginning Teacher Program,  
Sonoma County Office of Education, 5340 Skylane Boulevard, Santa Rosa, CA 95403.  
707/524-2822. If you fax this application, please fax BOTH PAGES to 707/524-2815.