



Teacher Induction Program through the Two Year Alternative Licensure Program

A. Personal Contact Information

Name _____

Address _____
Street _____ City _____ State _____ Zip _____

Phone: Home _____ Cell _____

Social Security Number _____ Birth Date _____

*Email address _____ Citizenship: US _____ Other _____

*Mandatory for the program communications Please state where _____

Information regarding four-year degree(s) you have attained:

COLLEGE OR UNIVERSITY	DEGREE	YEAR CONFERRED	AREA OF CONCENTRATION

Place of Employment: _____

Address: _____
Street _____ City _____ State _____ Zip _____

Phone at the School: _____ Ext: _____

B. The total cost for the induction will be \$150/member districts or \$195 for non-member districts/charter/private schools. Please attach with your application:

- A copy of your Initial Educator License and a check payable to PPBOCES/2YALP.
- Optional EOE form

C. Teacher Induction Program requires that you:

- Attend all scheduled teacher induction sessions, 8 a.m. – 1 p.m.
- Pay all fees with submission of application
- Submit your completed attendance sheet (via email, fax or mail) in order for induction certificate to be issued by Program Coordinator

Please sign below indicating that you understand and agree to comply with the above requirements.

Signature of Program Participant

Return your completed application to:

Pikes Peak BOCES/2YALP
2883 S. Circle Dr.
Colorado Springs, CO 80906

EQUAL OPPORTUNITY EMPLOYER

To facilitate compliance with the Department of Health, Education and Welfare requests for information for the Office for Civil Rights, please complete the information requested below. This information is to be used for statistical purposes only. Filling out and including the following with your application is optional.

Name _____

Sex: Male _____ Female _____

What is your ethnic background?

Hispanic American _____

African American _____

Native Alaskan _____

European American (Caucasian) _____

Asian American _____

Native American _____

Other, please list _____

Are you an individual with a disability? If yes, in what way?
