



Alternative Professional Preparation Program (AP3)

All applications must include the following in order to be processed:
(please send in the order listed below)

1. Completed application (all signatures must be included)
2. Letter of intent (see below for content to be included in letter)
3. Copy of your Official Statement of Status of Eligibility
4. Copy of your temporary certificate

Letter of intent should include how you will adhere to/apply the following:

- Attendance at all sessions/punctuality
- Adherence to AP3 guidelines
- Application of strategies of key learning concepts
- Intent to remain in the profession with M-DCPS
- Adherence to the Code of Ethics for the teaching profession

Incomplete applications will be not be accepted.
(3100'S NOT ELIGIBLE)



**MIAMI-DADE COUNTY PUBLIC SCHOOLS
OFFICE OF PROFESSIONAL DEVELOPMENT
ALTERNATIVE PROFESSIONAL PREPARATION PROGRAM (AP3) APPLICATION**

GENERAL INFORMATION (Please type)

Teacher's Name: _____ Employee No.: _____
 School Name: _____ Location No.: _____
 Social Security Number: _____
 Telephone (Work): _____ (Home): _____
 M-DCPS Electronic Mail Address: _____
 Certification(s) pursued: _____ Certificate Expiration Date: _____
 Current Teaching Assignment: _____

VALIDATION STATEMENT: AP3 TEACHER

I understand that, as a participant in the Alternative Professional Preparation Program (AP3), I will be required to comply with all program requirements and conditions, as well as being subject to all terms and conditions of employment in Miami-Dade County Public Schools contained in the M-DCPS/United Teachers of Dade Labor Contract, state statutes, and board rules. I understand that successful completion of the AP3 is contingent on meeting all program requirements, including successful completion of all required professional development components and submission of a completed AP3 portfolio.

Please check the box below if applicable:

MIAMI TEACHING FELLOW TEACH FOR AMERICA

 Teacher's Signature Date

SCHOOL SITE SUPPORT TEAM MEMBERS

Colleague Teacher's Name: _____ Employee No.: _____

Clinical Educator Trained (Yes/No)*: _____ PACES Trained (Yes/No): _____

 Colleague Teacher's Signature Date

Instructional Employee's Name: _____ Employee No.: _____

Clinical Educator Trained (Yes/No)*: _____ PACES Trained (Yes/No): _____

 Instructional Employee's Signature Date

* Required for Colleague Teachers providing support to an AP3 participant

VALIDATION STATEMENT: PRINCIPAL

I understand and agree that as the school site principal supervising the Alternative Professional Preparation Program (AP3) applicant identified above, I will ensure that the School-site Support Team of fully certified and qualified teachers will facilitate the AP3 applicant's progress throughout the program. I agree to conduct the required classroom observations and facilitate the identification of accomplished practices and teaching competencies in which the AP3 candidate must complete additional activities as set forth in the AP3. I understand that successful completion of the AP3 is contingent on meeting all program requirements, including successful completion of all required professional development components, continuous successful demonstration of all accomplished teaching practices, and submission of a completed AP3 portfolio.

 Principal's Name (Please Print)

 Principal's Signature Date

Attach a copy of THE FLORIDA DEPARTMENT OF EDUCATION OFFICIAL STATEMENT OF STATUS OF ELIGIBILITY

COMPLETED FORMS MUST BE SUBMITTED TO:
 Work Location: #9017 – Beginning Teacher Program – ATTN: AP3 – C. Caldwell
APPLICATION MUST BE RECEIVED NO LATER THAN January 31, 2008
Any applications received after 1/31/08 will not be accepted.