TEACHER PREPARATION PROGRAMS

The relevant, practical, and affordable route to Initial licensure in Massachusetts

Everyone is a learner
APPLICATION PACKAGE

TEACHER PREPARATION PROGRAMS

A  Program Application & Financial Agreement
B  General Information
C  Application Checklist  (See back cover)

collaborative.org/licensure
CES EDUCATOR LICENSURE PROGRAM
Collaborative for Educational Services
413.588.5937 or 413.586.4900–Option 5
413.586.2878 fax
e-mail: licensure@collaborative.org

Teacher Preparation Programs · Educational Leadership Program
INSTRUCTIONS

1. The Program Application and Financial Agreement has two parts. Please be sure to fill out both parts (A) and (B).
2. Read the 'Important Financial Information' section in Part (B).
3. Be sure to SIGN and DATE Section 4 of Part (B).
4. SEND this form with the required supporting documents (see details below) and $75 application fee (check payable to Collaborative for Educational Services) to:
   CES Licensure Program
   Attention: Student Affairs
   Collaborative for Educational Services
   97 Hawley Street, Northampton, MA 01060
5. A personal interview is required for all applicants. Each applicant will be contacted to arrange an interview.

REQUIRED SUPPORTING DOCUMENTS:
The following supporting materials for your applications are required:
• $75 application fee (non-refundable)
• Current résumé
• Application essay (see details below)*
• Three signed letters of reference printed on letterhead
• Official transcript of Bachelor's Degree
• Communication and Literacy Skills MTEL scores
• Content-specific MTEL scores, if applicable
Additional verifications required for ESL and Reading Specialist licenses.
You may also download a checklist of these items at collaborative.org/licensure as part of the application packet.

A. Applicant Information (Please use documented legal name)
   Last Name ________________________________
   First Name ________________________________
   Maiden Name (if applicable) __________________
   Date of Birth _____ / _____ / ______ Soc. Security No. _______ - _______ - _______
   MEPID No. ____________________________ (Refer to Form C for instructions)
   Home Address ____________________________________________
   City ____________________________ State _____ Zip __________
   Home Phone ________________________________
   Work Phone ________________________________
   Cell Phone ________________________________
   E-mail (required) ________________________________

Optional (for reporting purposes):
   Gender: □ Male □ Female □
   Ethnicity/Race: Do you consider yourself to be Hispanic/Latino? □ Yes □ No
   In addition, select one or more of the following racial categories to describe yourself:
   □ American Indian/Alaskan Native □ Asian □ Black or African American
   □ Cape Verdean □ Native Hawaiian or Pacific Islander □ White

B. Employment
   Current Position ________________________________
   Current Employer ________________________________
   Employer's Address ____________________________________________
   City ____________________________ State _____ Zip __________
   Are you currently working in a school setting? □ Yes □ No
   Date of hire (if currently in a school setting): Month _______ Year _______

2. INITIAL LICENSE & GRADE LEVEL (select ONE)
   □ Reading Specialist All Levels
   □ Teacher of Students with Moderate Disabilities: □ PreK-8 □ 5-12
   □ Teacher of English as a Second Language: □ PreK-6 □ 5-12
   □ Teacher of Mathematics: □ 5-8 □ 8-12
   □ Teacher of Mathematics/Science: □ 5-8
   □ Teacher of General Science: □ 5-8
   □ Teacher of Biology: □ 8-12
   □ Teacher of Chemistry □ 8-12
   □ Teacher of Earth and Space Science: □ 8-12
   □ Teacher of Physics: □ 8-12
   □ Teacher of English: □ 5-12
   □ Teacher of History: □ 5-12
   □ Teacher of Humanities: □ 5-8
   □ Teacher of Social Studies: □ 5-12

*Application Essay Instructions
Include your name, address, telephone number, and email address at the top of the page. In 500 words or less, describe a significant teaching or helping experience in which you were involved.
• Describe the situation as it occurred at the time.
• What did you do?
• How did you think about the event at the time?
• What skills did you use, and how would these skills increase your effectiveness as a teacher?
• What would you do differently, if anything?
Important Financial Information

This section details your financial obligation and terms of payment. Please read this information carefully.

1. A non-refundable application fee of $75 is due at the time of application. The application fee is not credited toward the cost of the program.

2. Billing will reflect the total cost of the program less up to two (2) CES Licensure course(s) taken and paid for prior to enrollment, and/or for a maximum of two courses for which a waiver (See Waiver Policy C) has been granted. Payments can be made by check, credit card, or purchase order.

PROGRAM TUITION (Effective September 1, 2019)

a. All licenses except ESL and Moderate Disabilities (Includes RETELL) $9,575
b. ESL license $9,050
c. Moderate Disabilities license $10,650

3. Payments must be up-to-date in order to register for courses and practicum.

4. All program fees must be paid in full prior to endorsement for licensure to the Massachusetts Department of Elementary and Secondary Education.

5. CES does not provide 1098-T forms or federal ID number for tax documents.

6. This completed form is a contract with the Collaborative for Educational Services to pay the full cost of completing the program. Notice of intent to withdraw for any reason must be made in writing (see program withdrawal form: collaborative.org/licensure/resources).

Candidates who withdraw are administratively withdrawn from, or are dismissed from a CES Licensure program may apply for a partial refund of program payments within 60 days of the mailing of the Notification of Administrative Withdrawal.

The amount to be refunded will be based on the costs of all course registrations, advising, and administrative fees to date, using a Licensure Fee Schedule available upon request. Note: Candidates who withdraw from the program after the start of one or more courses or the practicum will be responsible for the full cost of the course(s).

7. Payments are based on each participant’s balance, in accordance with the payment method (Terms of Payment) selected.

3. TERMS OF PAYMENT (select ONE)

QUARTERLY PAYMENTS:
The outstanding balance is payable in installments, with the first quarterly payment due on the first quarter-ending date following enrollment: April 1, July 1, October 1, and January 1.

- 6 Quarterly Payments (18-month schedule)
  $9,575 total (or $9,050 for ESL; $10,650 for Moderate Disabilities) or the balance of the program fee (after any previous payments for prior program courses are deducted), paid over 6 quarters.

- 8 Quarterly Payments (24-month schedule)
  $9,575 total (or $9,050 for ESL; $10,650 for Moderate Disabilities) or the balance of the program fee (after any previous payments for prior program courses are deducted), paid over 8 quarters.

OTHER PAYMENTS:

- Contract Funding Pre-Approved by the Collaborative (specify source):
  If funding is through an outside entity such as a school district or a state or federal authority, the applicant retains responsibility for payment.

- Payroll Deduction (CES Employees Only—22 or 44 biweekly deductions)

4. STUDENT DECLARATION and FINANCIAL AGREEMENT (sign and date)

I understand that, upon written acceptance into the Licensure Program

- I will comply with the Terms of Payment selected in Section 3 of the Application;
- I will apply for a Criminal Offender Record Information (CORI) background check within 15 days of beginning my first Licensure course. (CORI Application will be provided at interview);
- I will complete the Program within six (6) years of my enrollment date; and,
- I will notify the Licensure Program office of any change in employment or contact information within 15 days of the change.

Signature __________________________
Name (Print) __________________________
Date __________________________

collaborative.org/licensure

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CES Continuing Education Loans
A loan program is available to qualified candidates through the Five College Federal Credit Union:
www.umassfive.coop/products/loans/specialty-loans
Course Waiver Request Form

WAIVER POLICY

1. A waiver permits an enrollee in the Collaborative for Educational Services (CES) Licensure Program to substitute, for a course that is required for completion of the Licensure Program, a graduate course or supervised experience completed prior to enrollment.

2. For each waiver, the cost of the CES Licensure Program for fee-based participants is reduced by the cost of the CES course at the time of enrollment into the Licensure Program.

3. Waivers will be permitted for a maximum of two courses.

4. The Committee on Waivers has the authority to grant or reject a waiver request or seek additional information at its discretion.

5. Waiver requests, including syllabus and official transcript as per items 1 and 2 below, must be received no later than four weeks prior to the start of the course for which the waiver request is submitted. Incomplete requests will not be considered.

6. Please submit a separate Course Waiver Request form for each waiver requested.

BASIS FOR WAIVER REQUEST

Check below the basis on which a waiver is requested, and attach supporting documents/syllabus:

1. A waiver may be granted for a course when the enrollee has taught a college or university course or professional development course that substantially addresses the same body of knowledge of a required licensure course.  
   A copy of the syllabus must be attached.

2. A waiver may be granted for a course completed prior to enrollment when the enrollee has taken a Master’s degree or higher graduate level course for credit that substantially addresses the same body of knowledge of a required licensure course. In this case, a waiver will be considered only if the enrollee has received an “A” or its equivalent in that course. Only courses taken in the five (5) years prior to enrolling in the Collaborative Licensure Program are eligible for consideration.  
   A copy of the syllabus and official transcript must be attached.

3. Only for compelling reasons will a waiver for a course completed after enrollment be considered.

WAIVER REQUEST INFORMATION

Last Name ____________________________
First Name ____________________________
Program ________________________________
License and Grade Level Sought ________________________________

CES Licensure Program course for which a waiver is requested: ________
________________________________________________________________________
________________________________________________________________________

Name of course submitted as the basis for waiver:
________________________________________________________________________
________________________________________________________________________

Signature ____________________________
Name (Print) ____________________________
Date ____________________________

collaborative.org/licensure

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Collaborative for Educational Services
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e-mail: licensure@collaborative.org

LIC-0819-Form C
Applications are accepted on a rolling admissions basis.

To enroll in the CES Licensure Program, you will need:

ALL APPLICANTS

- Completed and signed Program Application and Financial Agreement: Parts A and B
- Application essay (details are outlined in Part A of the Program Application)
- Non-refundable $75 Application Fee, payable to Collaborative for Educational Services
- Current résumé
- Official Transcript(s) of Bachelor’s Degree(s)
- Copies of any Current Licenses/Certificates
- Communication and Literacy MTEL scores
- Content-specific MTEL scores if applicable
- Signed Letters of Reference (3):
  - Every applicant must have three (3) signed Letters of Reference in support of his or her candidacy, which are persuasive about the candidate's:
    - good moral character
    - capacity to work effectively in an organization
    - commitment to being a lifelong learner

ENGLISH AS A SECOND LANGUAGE LICENSE APPLICANTS

- In addition to the above, evidence of knowledge or study of a language other than English must be provided.

READING SPECIALIST LICENSE APPLICANTS

- In addition to the above, a Reading Specialist Verification Form showing at least one year of teaching under an Initial license is required. The form, which may be downloaded at collaborative.org/licensure/resources, must be printed on school or district letterhead and signed by the principal or school superintendent.

Personal Interview

A personal interview is required for all applicants. Each applicant will be contacted to arrange an interview, which may be scheduled in either Northampton or Marlborough.

Email

Please be sure that the settings in your email account allow for receipt of notices from collaborative.org email addresses.

Questions?

Contact us at:
413.586.4900 x5937
413.588.5937 Direct Line
licensure@collaborative.org

collaborative.org/licensure
Collaborative for Educational Services

CES Continuing Education Loans:
A loan program is available to qualified candidates through UMass/Five College Federal Credit Union: www.umassfive.coop/products/loans

Fitchburg State University (FSU) Master's Degree or CAGS:
FSU application materials: www.fitchburgstate.edu/admissions/applying

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