



MIDDLE GEORGIA RESA
ALTERNATIVE PREPARATION FOR EDUCATIONAL LEADERSHIP PROGRAM
TIER I: EDUCATOR CANDIDATE APPLICATION

Candidates applying for the Alternative Preparation for Educational Leadership Program must complete all fields of the Candidate Application.

Candidate Information			
Last Name:		First Name:	Middle Initial:
Street Address:			
City:		State:	Zip:
Home Phone:		Work Phone:	Cell Phone:
Email Address			
Current position:		Current District/School:	
<i>Anticipated Position</i> for FY2026-2027:		Anticipated District and School FY2026-2027:	
Years of Experience in Education:			
Highest Degree Held:		Awarding College/University:	
GA Teaching Certificate #:		Expiration Date:	
Method of Payment (check one): 1. Payroll Deduction ____ 2. District Pay ____ 3. Partial District Pay ____ 4. Full payment upfront ____			
Additional Information			
Endorsements Held:		Have you received National Board Certification?	
<input type="checkbox"/> Teacher Leadership		_____ Yes	
<input type="checkbox"/> Coaching		_____ No	
<input type="checkbox"/> Teacher Support and Coaching			
Leadership Experience (attach additional information as needed)			
<u>Leadership Positions Held</u>	<u>School/District</u>	<u>Years in this Position</u>	<u>Related Training</u>
1.			
2.			

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Assurances

District Assurance

This is to certify that _____ has received an offer of employment from _____ School District and is being recommended for admission into the Alternative Preparation for Educational Leadership Program. If selected for the program this candidate will be available to work in a leadership position within our school and/or district one-half day or more each day.

Printed Name of Human Resources Director: _____

Signature of Human Resources Director: _____

Contact Information:

- Email Address: _____
- Telephone Contact: _____

I prefer to be contacted by: _____ email _____ telephone _____ other (specify)

Superintendent's Signature: _____

School Assurance

It is my understanding that _____ has received an offer of employment from _____ School District and is being recommended for admission into the Alternative Preparation for Educational Leadership Program. If selected for the program this candidate will be available to work in a leadership position within our school and/or district one-half day or more each day.

Printed Name of Principal/Immediate Supervisor: _____

Signature of Principal/Immediate Supervisor: _____

Contact Information:

- Email Address: _____
- Telephone Contact: _____

I prefer to be contacted by: _____ email _____ telephone _____ other (specify)

Resume

Attach your professional resume including the following information:

1. Universities/colleges attended, degrees earned, GPA
2. Educator work experience including organization, position, location, supervisor, dates
3. Leadership experience including organization, position, location, supervisor, dates
4. Evidence of performance such as newsletters, websites, projects, conferences etc.
5. Other professional experience
6. Academic honors/awards earned
7. Names, addresses, phone and email of three professional supervisor references

Transcripts

Include **sealed official transcripts** for all universities/colleges attended - OR - request official transcripts be sent electronically to cpearson@mgresa.us.

Evidence of Leadership Experience

Submit evidence of successful teacher leadership experience. This should specifically include evidence of your experience in engaging colleagues in professional learning opportunities. This may include (but is not limited to) experiences such as leading grade/department level meetings, leading professional learning communities, presentations at school, district, state or national meetings, etc.

Evidence of Successful Teaching

Submit evidence that you have been a successful teacher. This should include specific results of improved student achievement that resulted from your contribution. Thoroughly describe what you did to achieve these results.

Signature and Release of Information

I understand that a false statement, omission or misrepresentation on any part of my application or materials submitted during the application process is grounds for being denied eligibility to or dismissal from Middle Georgia RESA's Alternative Preparation for Educational Leadership program.

Signature: _____ Date: _____

Program Cost and Payment

The cost for the twelve-month Tier I program is \$6,000 for candidates within the Middle GA RESA service area and \$6850 for those not within the Middle GA RESA service area. These charges include all training (TKES/LKES) and materials as well as expenses incurred by MGRESA coaches for travel to districts.

APEL payments will be payroll deducted monthly through your system of employment. The appropriate payroll deduction form (attached) must be completed and submitted to the Middle Georgia RESA office before final acceptance into the APEL program.

The APEL Tiers are **one-year, job-embedded programs**. Candidates who do not complete the program within the 12 months, will have an additional plan designed by their CST to help them complete, but will incur additional fees as follows:

PROGRAM YEAR	MEMBER	NONMEMBER
Year 1	\$6000	\$6850
Year 2	\$3000	\$3425
Year 3	\$1500	\$1713

Submission of Applications

Submit Completed Applications to (electronic submission is preferred):

Email: cpearson@mgresa.us

Address: Middle Georgia RESA
Attn: Christina Pearson
Central GA Technical College
Building B, Room 226
80 Cohen Walker Drive
Warner Robins, GA 31088

Questions Regarding Your Application:

Contact Christina Pearson at cpearson@mgresa.us, 478-988-7163

Applications must be received by May 29, 2026

Additional Information

Megan Respert
Professional Learning Director
mrespert@mgresa.us

MGRESA APEL Program Candidate Agreement

In order to maintain the structure and integrity, as well as, implement the program with fidelity, participants are responsible to know, understand, and do the following things:

Candidate Name:	Date:
Please acknowledge your understanding and agreement by initialing the criteria to be followed throughout the program or program.	Initials
1. I understand that as an educator I will display appropriate professional behavior as outlined in the MGRESA APEL Candidate Dispositions, which includes the submission of original course work.	
2. I understand that the Georgia Professional Standards Commission (GAPSC) has recognized MGRESA as an approved Education Preparation Provider (EPP) and requires instructors and candidates to adhere to the guidelines of the program. Assignment criteria are non-negotiable and must be completed as assigned.	
3. I understand that the APEL program has a specially designed program of work developed to help obtain the enhancement of the program standards; and that I will complete ALL online or in class course work (assignments, assessments, forums, etc). I understand that I will upload my work to Canvas for assessment.	
4. I understand that course content requirements and assignments will be completed by due dates to mastery as designated by the program and indicated in the course syllabus and/or scoring guides. I understand that I am required to re-accomplish and re- submit any substandard work.	
5. I understand that failure to adhere to the MGRESA Program guidelines and standards for mastery will result in failure to receive credit for the course and a non-recommendation for the award of the program.	
6. I understand that the APEL program has specific face-to-face meetings and that I am required to attend ALL onsite course meetings and seminars. The dates are provided prior to beginning the program. If an emergency arises which prevents attendance, the candidate must contact the APEL Program Manager to request permission. Failure to attend meetings may result in program dismissal.	
7. I understand that I am expected to complete the course assignments and specially designed work identified by my Candidate Support Team (CST). The work will be submitted by the assigned due dates. I am responsible for communicating and seeking any deviation from the due dates provided. Supporting documents, such as an FMLA form, must be submitted with a request for extension.	
9. I understand that if I fall two or more weeks behind, my instructor will notify the MGRESA Program Development Coordinator. As a good steward of school district funds, the Program Development Coordinator is required to notify the system when candidates are not progressing.	
10. I understand that I am responsible for procuring course materials. Outstanding fees must be paid for all prior to the recommendation of program award.	

Candidate Signature

Date



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APEL TIER I APPLICATION PACKAGE CHECKLIST

Please be sure all of the following required documents are complete and included in your application package.

- _____ Application - including all required signatures for District and School Assurances
- _____ Resume
- _____ *Official* Transcripts

In order to be considered official, transcripts must come directly from the college or university and be in a sealed unopened envelope. Transcripts may also be submitted to us electronically, directly from the college or university. If sending electronically, please have them emailed to:
Christina Pearson at cpearson@mgresa.us

- _____ Evidence of Leadership Experience (see page 3)
 - _____ Evidence of Successful Teaching (see page 3)
 - _____ MGRESA APEL Candidate Agreement Form
 - _____ Copy of your Georgia Educator Certificate
 - _____ Payroll Deduction Form (if applicable) - please submit as soon as you have your district's approval to participate in the program. Deductions should start in **May** in order to follow the 13 month payment schedule. Deductions beginning in **June** will follow a 12 month payment schedule.
- 13 month schedule - amount of monthly payment: Member (\$461.54); NonMember (\$526.92)
12 month schedule - amount of monthly payment: Member (\$500); NonMember (\$570.84)

Please note:

The following Payroll Deduction Agreement is required upon acceptance into the program. Please choose one form based on whether you are employed by a member or nonmember system.



MIDDLE GEORGIA RESA MEMBER SYSTEM PAYROLL DEDUCTION AUTHORIZATION

(Bibb, Crawford, Houston, Jasper, Jones, Monroe, Peach, Twiggs)

It is the responsibility of the APEL Candidate to ensure that this form is submitted to the appropriate Payroll representative for processing. All payments must be received by June 30, 2026 to prevent delay in certification updates.

I, _____ (Employee Name), _____ (Employee ID #), authorize the deduction of **\$461.53 per month for 12 months - and \$461.64 for 1 month** from my payroll check by the _____ (District Name) County School District payroll office. The deductions will begin **May 2026 and continue through May 2027**. This deduction is being made to care for the cost of the **MGRESA Alternative Preparation for Educational Leadership (APEL)**, at a total cost of **\$6,000.00**

If necessary, **Second or Third Year Program** fees will be handled through payroll deduction during the subsequent school year(s). A new Payroll Deduction Authorization Form will be completed for these fees.

Should I leave the employment of _____ (District Name) County Schools prior to May 2027, I understand that the remaining balance due will be deducted from my final check.

APEL Candidate Signature

Date

Printed Name, Title
Payroll Representative

Email Address of Payroll Representative

Signature Payroll Representative

Date

***** Candidate - please complete and submit this form to your school system Payroll Dept.**

***** Payroll - please return the completed form to Christina Pearson (cpearson@mgresa.us)**

MAIL PAYMENTS TO: Middle Georgia RESA
80 Cohen Walker Drive
Warner Robins, GA 31088
(Please include backup documents with payment)

CONTACT PERSON: Christina Pearson, cpearson@mgresa.us; 478-988-7163



**MIDDLE GEORGIA RESA
NON-MEMBER SYSTEM
PAYROLL DEDUCTION AUTHORIZATION**

It is the responsibility of the APEL Candidate to ensure that this form is submitted to the appropriate Payroll representative for processing. All payments must be received by June 30, 2026 to prevent delay in certification updates.

I, _____ (Employee Name), _____ (Employee ID #), authorize the deduction of **\$526.92 per month for 12 months and \$526.96 for 1 month** from my payroll check by the _____ (District Name) County School District payroll office. The deduction will begin **May 2026 and continue through May 2027**. This deduction is being made to care for the cost of the **MGRESA Alternative Preparation for Educational Leadership (APEL)**, at a total cost of **\$6,850.00**

If necessary, **Second or Third Year Program** fees will be handled through payroll deduction during the subsequent school year(s). A new Payroll Deduction Authorization Form will be completed for these fees.

Should I leave the employment of _____ (District Name) County Schools prior to May 2027, I understand that the remaining balance due will be deducted from my final check.

APEL Candidate Signature

Date

Printed Name, Title
Payroll Representative

Email Address of Payroll Representative

Signature Payroll Representative

Date

***** Candidate - please complete and submit this form to your school system Payroll Dept.**

***** Payroll - please return the completed form to Christina Pearson (cpearson@mgresa.us)**

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