



MIDDLE GEORGIA RESA
ALTERNATIVE PREPARATION FOR EDUCATIONAL LEADERSHIP PROGRAM
TIER II: 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 and District/School		
Anticipated Position and District/School for FY 2026-2027		
Highest Degree Held:		Awarding College/University:
Method of Payment (check one): 1. Payroll Deduction____ 2. District Pay____ 3. Partial District Pay____ 4. Full payment upfront____		
Current Leadership Certificate Type: <input type="checkbox"/> Level 5 or Higher Standard Professional Educational Leadership Tier I <input type="checkbox"/> Standard Professional L in Educational Leadership <input type="checkbox"/> Standard Professional PL in Educational Leadership		
Institution or Agency from Which You Earned your Current Leadership Certificate:		
GA Teaching Certificate #:		Years of Experience in Education:
Expiration Date:		
Have you taken the GACE?		
<input type="checkbox"/> Yes Date Taken: _____ Score: _____ <input type="checkbox"/> No		
Have you passed the Georgia Ethics for Educational Leadership Assessment?		
<input type="checkbox"/> Yes Date Taken: _____ Score: _____ <input type="checkbox"/> No		



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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 Tier II Program. If selected for the program this candidate will be available to work in a Tier II 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 Tier II Program. If selected for the program this candidate will be available to work in a Tier II 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) _____

Leadership Experience
(attach additional information as needed)

Leadership Positions Held	School/District	Years in this Position	Related Training
1.			
2.			

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, website, 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@mgesa.us.

References

Submit references that document evidence of successful performance in a leadership position that requires Tier I leadership certification.

Writing Sample

Include a writing sample with a minimum of 500 words, responding to the following:
What were the most impactful learning experiences from your Tier I experience? What lessons did you learn? How did this change you as a leader?

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:** _____

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



APEL TIER II 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 (if not already on file)

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

_____ References (see page 3)

_____ Writing Sample (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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