SALEM COLLEGE
1772
Teacher Education and Graduate Studies

Master of Education (M. Ed.)
application checklist

To complete your application packet, please assemble the following items.

- ❑ $30 application fee (check or money order should be made out to *Salem College*)
- ❑ The completed application form
- ❑ The Salem College Honor Code form
- ❑ The CPL (Candidacy for Professional Licensure) applicant statement
- ❑ Recommendation Form 1 (may be sent directly from reference)
- ❑ Recommendation Form 2 (may be sent directly from reference)
- ❑ Authorization for Release of Information and Records (background check) form NOTE: The cost of the investigation will vary depending on your previous states of residency/former names; Investigative Associates will contact you once Salem faxes them the release form included in this packet
- ❑ An official sealed copy of the transcripts indicating the completion of a bachelor's (four-year) degree (may be sent directly from the undergraduate college or university)
- ❑ An official sealed copy of any transcript indicating any undergraduate content-area course work (24+ credit hours may be applied to additional area of licensure)
- ❑ A copy of the teaching license(s) currently held
- ❑ Professional writing sample (details on last page of the application packet)

Send hard-copy application materials to:

Department of Teacher Education and Graduate Studies
Salem College
601 S. Church Street
Winston-Salem, NC 27101

336.721.2658 (phone)
336.917.5384 (fax)

GRADUATE STUDIES OFFICE USE ONLY
____ application _____ transcript _____ GPA _____ UG major _____ honor statement ____ CPL statement
____ fee paid _____check number ___ rec ___ rec ___background sent ___background received
___copy of license(s) _____license area(s) ___professional writing sample
_____ total score grad admission rubric 1 _____ total score grad admission rubric 2 _____ total score grad admission rubric 3
GEC ADMISSION DECISION _____yes _____no _____/_____/_____ date

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SALEM COLLEGE
Teacher Education and Graduate Studies

Application for Admission
Master of Education (M. Ed.)

Date of Application: _____

First Name: _____ **Middle/Maiden**:_____ **Last Name**: _____

Social Security # _____ **Birthday**:_____

Current Address: _____

City:_____ **County**: _____ **State**:_____ **Zip**:_____

Home Email: _____ **Other Email**: _____

Home Phone: _____ **Work Phone**: _____ **Cell Phone**: _____

Gender: ☐ Female ☐ Male **Maritial Status**: ☐ Single ☐ Married ☐ Other _____

Citizenship: ☐ US Citizen ☐ Resident Alien ☐ Non-Resident Alien

Native Language: _____ Country of Birth: _____

Have you been a North Carolina resident for one year or more? ☐ YES ☐ NO If yes, county of residence: _____

Are you Hispanic or Latino? ☐ YES ☐ NO

Please select one or more: ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander n
☐ Asian ☐ White
☐ Black or African American

Do you plan to apply for financial aid? ☐ YES ☐ NO Do you plan to apply for veteran's benefits? ☐ YES ☐ NO

M.Ed. Program Desired:
☐language & literacy (36 credits) ☐elementary education (36 credits) ☐special education (36 credits) ☐school counseling (48 credits)

Anticipated program start: ☐ fall 20_____ ☐ Jan term 20 _____ ☐ spring 20 _____☐ summer 20_____

Educational Background: List the colleges and universities that you have attended in reverse order along with the degrees and dates earned (if applicable). Please note that you must submit an official transcript from the institution that granted your bachelor's degree as well as one from any institution at which you have done other post-baccalaureate work.

name/location of institution	dates attended	degree/ major	year awarded

A professional writing sample must be submitted and evaluated prior to an applicant's being accepted to the M.Ed. program. Please include your writing sample with your application materials.

Starting with your current position, list your work history.

position held	company and location	dates worked

List the teaching licenses/certifications currently held and *submit a copy*.

type	specialty area(s)	state of issue	expiration

By completing this form, I am making application to the Master of Education program in the Department of Teacher Education and Graduate Studies at Salem College. I recognize that this is only an application and that I will not be considered officially admitted to the Master of Education program until I receive written notification. My signature on this document certifies that all information contained is— to the best of my knowledge— complete, correct, and true.

_____ _____

candidate's signature **date**

Salem College welcomes qualified students regardless of race, color, national origin, sexual orientation, religion, or disability to all the rights, privileges, programs, and activities of this institution.

Salem College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (1866 Southern Lane, Decatur, Georgia 30033-4097) to award bachelor's and master's degrees. Teacher education programs are accredited by the National Council for the Accreditation of Teacher Education and are approved by the NC Department of Public Instruction.

Salem College
Department of Teacher Education and Graduate Studies
Honor Code and Registration Policy Statement

Please read and sign at the bottom to signify your intention to comply with the Salem College Honor Code and the registration policy. Submit this form with your application.

The Honor Tradition

The Honor tradition is a vital and unifying aspect of the Salem College community that encourages each member to ethical and responsible living. The Honor Code is upheld by the entire student body and stands on the principle of mutual respect. It is only as strong as the community that lives by it.

The Honor Tradition is long standing at Salem College and is highly respected by students, faculty, staff and administration. In keeping with its custom, each student assumes full responsibility for her/his actions in all phases of life at Salem. Such a tradition is only possible in a community that respects the individual and maintains a commitment to communication. Every student is responsible for encouraging other students to uphold the Honor Tradition.

The Honor Code

Salem College is a community of honor. I will show respect for my community by behaving with honesty, integrity and civility. As a responsibility to my honor community:

I. I will show respect for my classmates and faculty by maintaining honesty in my academic work and refraining from cheating.

II. I will show respect for my community and peers by maintaining integrity and honesty in my daily life and refraining from stealing and lying.

III. I will show respect for faculty, staff and members of the administration by maintaining civility and refraining from disruptive and abusive language and behavior.

I will acknowledge responsibility and accept the consequences of my actions. In choosing Salem College, I pledge to uphold the principles of the Honor Code and will cherish and guard its tradition.

Registration

I understand that I may add or drop a course any time from the opening of registration to the end of the Registrar's Office business day on the last day of the drop/add period for a term (which for fall and spring terms is a one-week period as stated in the Term Schedules, and for the January term and summer terms is a shorter period of time as stated in those Term Schedules). I also understand that if I drop a class (or classes) after the last day of the drop/add period, I will owe for the class (or classes). If I have applied for financial aid for the term, I understand that I must inform the financial aid office if I decrease or increase the number of courses I have initially declared that I would be taking during the term.

I understand that I am financially responsible for the payment of my tuition costs due to Salem College. If payment obligation is not fulfilled by the time I have been informed that it is finally due, I agree to pay all cost of collection, including attorney fees. If I do not attend class and I do not drop the class (by completing a drop card, available in the Department of Teacher Education and Graduate Studies office), I understand that I will owe the full tuition for the class. Also, I understand that my name remains on the class roster until I officially drop the class.

Print Name _____

Signature _____ Date _____

CANDIDATE FOR PROFESSIONAL LICENSURE (CPL)
APPLICANT STATEMENT

At the conclusion of your program, Salem College will recommend you to the North Carolina Department of Public Instruction for a professional teaching license. In order to ensure that such licensure will be forthcoming, please answer each question regarding your past conduct.

If you answer "yes" to any question, attach a detailed written explanation. If you answer "yes" to any question relating to a court proceeding, a certified true copy of the court record must accompany this statement.

CRIMINAL

1. Are you on a child abuse registry or a sex offender registry of any kind? ☐ YES ☐ NO

2. Have you ever been, or are you currently being, investigated for alleged or suspected child abuse or neglect by any governmental agency? If yes, provide explanation and documentation. ☐ YES ☐ NO

3. Have you ever been convicted, pled guilty, or pled *nolo contendere* (no contest) to any criminal offense other than a minor traffic violation (criminal offense includes, but is not limited to a felony, a misdemeanor, or Driving While Impaired). Please include any conviction, regardless of pardon. You must explain relevant circumstances in detail. NOTE: In response to this question, include all offenses other than minor traffic offenses. The following are not minor traffic offenses and must be listed: DWI, DUW, Failure to Stop in the Event of an Accident (hit and run), and Driving While License Revoked or Suspended (DWLR). If yes, provide explanation and documentation. ☐ YES ☐ NO

4. Have you ever received probation, deferred prosecution, or any type of pre-trial adjudication, including a PJC (prayer for judgment) other than for a minor traffic offense? NOTE: This question does not seek information about matters for which the records have been expunged by a court order. If yes, provide explanation and documentation. ☐ YES ☐ NO

5. Have you ever participated in a diversion program in lieu of prosecution? NOTE: This question does not seek information about matters for which the records have been expunged by a court order. If yes, provide explanation and documentation. ☐ YES ☐ NO

6. Have you ever been arrested, indicted, or otherwise charged with a crime other than for a minor traffic offense regardless of whether you were convicted or whether the charges were dropped? NOTE: This question does not seek information about matters for which the records have been expunged by a courts order. If yes, provide explanation and documentation. ☐ YES ☐ NO

7. Are you currently named in a pending criminal charge, indictment or special presentment of any offense other than for a minor traffic violation? (Special Presentment is used in some jurisdictions to charge an individual with a crime.) If yes, provide explanation and documentation. ☐ YES ☐ NO

PROFESSIONAL LICENSING

8. Have you ever had a professional certificate, credential, or license of any kind revoked or suspended, or surrendered one prior to its expiration? If yes, provide explanation and documentation. ☐ YES ☐ NO

9. Have you ever been reprimanded, censured, placed on probationary status or suspended by a licensing board, commission or agency for any alleged misconduct or alleged violation of professional standards of conduct? If yes, provide explanation and documentation. ☐ YES ☐ NO

10. Are there any pending adverse actions or investigations against you relating to a professional certificate, credential, or license in North Carolina, any other state or country? If yes, provide explanation and documentation.
☐ YES ☐ NO

11. Have you ever been denied a professional license for which you applied? If yes, provide explanation and documentation. ☐ YES ☐ NO

12. Have you ever been granted a professional license on a conditional or probationary basis for any alleged misconduct or alleged violation of professional standards of conduct? If yes, provide explanation and documentation.
☐ YES ☐ NO

13. Have you ever been disciplined by any board, commission, or agency responsible for licensure of any kind including, but not limited to, educational licensure? If yes, provide explanation and documentation. ☐ YES ☐ NO

EMPLOYMENT

For purposes of this statement, "misconduct" means the following:

- Conviction of a crime other than a minor traffic offense
- Use of excessive or inappropriate force against a minor that causes an observable physical injury
- Inappropriate interaction with a student of a sexual or romantic nature
- Theft, embezzlement or fraud related to school funds or property
- Illegal use of weapons or firearms on school property or at school-sponsored events
- Use of drugs or alcohol involving students
- Violation of the State Testing code
- Violation of the Code of Ethics
- Excessive use of alcohol or nonmedical use of a controlled substance as defined in Article 5 of Chapter 90 of the General Statutes, provided that there is a reasonable and adverse relationship between the underlying conduct and the continuing ability of the person to perform any of his/her professional functions in an effective manner

14. Have you ever been dismissed from employment by a school or school system for any reason, or been dismissed or had a contract non-renewed or non-extended by any employer for reasons of misconduct as defined above? (Non-extended means a contract or term of employment was not renewed.) If yes, provide explanation and documentation.
☐ YES ☐ NO

15. To your knowledge, have you ever had a disciplinary suspension, resigned, or been non-renewed or dismissed following allegations of behavior for misconduct related to your employment or arising out of your employment? NOTE: This question does not seek information about any suspension with pay or administrative leave for which the records have been removed from your Central Office personnel file. If yes, provide explanation and documentation.
☐ YES ☐ NO

16. Have you ever been, or are you currently being, investigated or charged by a licensing board, commission or agency with a violation of a Professional Code of Ethics or any similar code of conduct? If yes, provide explanation and documentation. ☐ YES ☐ NO

MILITARY SERVICE

17. Have you ever served in the armed services? ☐ YES ☐ NO
If yes, indicate dates of service: from _____ to _____ (DD/MM/YYYY)

18. Was your discharge honorable? ☐ YES ☐ NO
If yes, provide documentation. If not, state what your service characterization was and why.

19. Were you ever the subject of court martial charges, non-judicial punishment or otherwise disciplined while in the armed forces? If yes, provide explanation and documentation. ☐ YES ☐ NO

OATH

I hereby certify that the information submitted on or relating to this statement is true and correct. I grant the Department permission to check civil or criminal records to verify a statement made on this statement. I give the Department permission to request and obtain previous employment records to verify the above statements. I understand that any misstatement or omission of information may subject me to disqualification, revocation, and /or any other disciplinary action.

ETHICS STATEMENT

I hereby acknowledge that I have read, understand and agree to abide by the Code of Ethics for North Carolina Professional Educators and North Carolina Standards of Professional Conduct. 16 NCAC 6C.0601 and 16 NCAC 6C.0602 (available online or in the Office of Teacher Education and Graduate Studies)

PRINT NAME: _____

Signature _____

Date _____

NC Department of Public Instruction
Licensure Section
301 North Wilmington Street
Raleigh, NC

1772

SALEM COLLEGE

Teacher Education and Graduate Studies

Professional Recommendation Form

Applicants, please complete the top portion, including your signature. Please provide a stamped addressed envelope for your letter to be returned to Salem College to the address at the end of the form.

_____ has applied to Salem College to pursue graduate studies in _____ and has requested you as a professional reference. Please answer the questions in as specific and candid a manner as possible. Your comments will be available only to those involved in the admission decision process. Your signature across the seal of the envelope ensures confidentiality.

Please return to:

Department of Teacher Education and Graduate Studies
Salem College
601 S. Church Street
Winston-Salem, NC 27101

Applicant's signature: I waive my right to see this letter of recommendation:

_____ date _____

Name of individual completing this form: _____

Position and/or relationship to applicant: _____

1. How long have you known the applicant?

2. Under what circumstances have you known the applicant?

3. What do you consider to be the applicant's most outstanding talents or characteristics?

4. Are there any notable weaknesses that might hinder the candidate's success in graduate studies? If so, please explain.

5. In what ways have you observed the applicant demonstrate originality and independence in thinking?

6. Please add any additional information that would be helpful for us in evaluating the candidate's application.

Please rate the applicant with respect to the following qualities:

	Outstanding	Very good	Average	Below average	Poor	Not observed
Intellectual ability						
Leadership potential						
Ability to work with others						
Organization and time management						
Ability to work independently						
Ability to communicate orally						
Ability to communicate in writing						

Would you recommend this candidate for graduate studies?

____strongly recommend _____recommend

____recommend with reservations _____do not recommend

_____ date_____

signature

Recommender's Contact Phone Number: _____

1772

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Teacher Education and Graduate Studies

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	Outstanding	Very good	Average	Below average	Poor	Not observed
Intellectual ability						
Leadership potential						
Ability to work with others						
Organization and time management						
Ability to work independently						
Ability to communicate orally						
Ability to communicate in writing						

Would you recommend this candidate for graduate studies?

____strongly recommend _____recommend

____recommend with reservations _____do not recommend

_____ *date*_____

Signature

Recommender's Contact Phone Number: _____

3775Vest Mill Road
Suite D
Winston-Salem, NC 27103

Telephone: (336) 768-7040
Fax: (336) 768-2728

info@iacinvestigations.com
www.iacinvestigations.com

Edward H. Musselwhite
Investigative Consultant
NCPPSB License # 1004

Kim C. Minor, CPP
Investigative Consultant
NCPPSB License # 3360

Joanna S. Morton
Research Consultant

Lisa M. Shelton
Research Consultant

Dear Teacher Candidate:

A complete background check is an important part of the application process for admission to the Department of Teacher Education and Graduate Studies at Salem College. The College has partnered with our firm to complete that investigation for you. The first step of this process involves your prompt completion of the attached *Authorization for Release of Information.* You may either fax or mail the form to our firm. Because the cost of your investigation will vary depending on the number of states of residence and the number of names you have had, we will contact you regarding a specific payment amount for your investigation once we have processed this initial *Authorization for Release of Information;* however, we will not begin your investigation until we have received your payment.

Be aware that some states require additional forms and/or fingerprint cards to be submitted in order to obtain the necessary background information. If you have lived in any of these states, we will advise you on the additional steps to complete the requirements for each.

Please ensure that you have completed the attached *Authorization for Release of Information* in its entirety (including a daytime telephone number and email address) prior to submitting it to us. The estimated time to complete your background investigation is approximately two weeks, so timely completion of this process is essential! You will not be fully admitted to the Department of Teacher Education and Graduate Studies until your background check has been completed.

To ensure the credibility of the report for the receiving institution we will submit your report to Mrs. Mary Ann Davis, Director of Teacher Education at Salem College. She will forward your report as you direct her. If you have any questions, please do not hesitate to contact Mrs. Davis or our offices.

Sincerely,
Investigative Associates and Consultants

SALEM COLLEGE

AUTHORIZATION FOR RELEASE OF INFORMATION & RECORDS

I, _____, understand that in consideration of my application, an investigation will be conducted. I authorize The Department of Teacher Education and Graduate Studies at Salem College, through its agent, ***Investigative Associates & Consultants, Inc.***, to conduct such an investigation and release the organization and its agent, including its officers, employees, and representatives, from all liability or responsibility for this investigation, which may include, but not be limited to, the gathering of information regarding verification of prior employment, references, consumer credit history, driving history, and any criminal history which may be in files of any state, federal, or local criminal justice agencies. I further understand that at any time during the course of my enrollment, Salem College through its agent, ***Investigative Associates & Consultants, Inc.,*** in accordance with all applicable state and federal law, may obtain additional or supplemental investigative reports to be used in connection with my admission to the teacher education program at Salem College. I understand that I have the right to request, in writing, a complete and accurate disclosure of the nature and scope of this investigation. **I understand that the information requested below regarding sex, race, date of birth, and maiden name is for the sole purpose of gathering information accurately.**

_____ _____ Mo. Day Yr

Last First Birth Middle — Social Security # — Date of Birth

(Please print Full Name – Do not use initials)

_____ _____ _____ ____ _____

Maiden, Previous Married, and all other Alias names used — Driver's license # — State — Sex — Race

_____ _____

(Applicant's Telephone Number) — Email Address

_____ Yr Mo

Present Address — City/State — Zip/County — How long?

List all other addresses used for the past 7 years - use additional page(s) if needed.

_____ Yr Mo

Previous Address — City/State — Zip/County — How long?

_____ Yr Mo

Previous Address — City/State — Zip/County — How long?

If you have lived in the following states within the last seven years; Alabama, Arkansas, Canada, District of Columbia, Idaho, Iowa, Massachusetts, Minnesota, New Hampshire, South Dakota, or Virginia, you will be asked to complete an additional form in order to complete your application.

If you have lived in Canada, Delaware, Georgia, Maryland, Nevada, New Jersey, Ohio, South Dakota, Texas, West Virginia or Wyoming, you will need to obtain the appropriate fingerprint card(s) in order to complete your application.

A telephone facsimile or photographic copy of this authorization shall be as valid as the original.

_____ _____

Applicant's Signature — Date

Investigative Associates & Consultants, Inc.

phone (336) 768-7040

fax (336) 768-2728

email: info@iacinvestigations.c

Writing Samples

Your completed application must include a professional writing sample.

- 1. Address and describe a **current issue in education** and discuss its impact on your school, your classroom, your practice, your students, or your community.

- Please follow these guidelines:
  - maximum of three pages (exclusive of title and reference pages),
  - word processed
  - 12-point font,
  - double-spaced

- Text must include ***at least*** three primary sources (one print, one web-based, and one print or electronic journal article), cited and referenced in current APA format.

- 2. In addition to completing item #1 above, for those applying to the M.Ed. School Counseling program, please (word processed) describe why you would like to be a school counselor (one page, double-spaced).