Dear APE Student,

Thank you for your interest in the Adapted Physical Education (APE) program at CSU, Chico.

Applicants pursuing the added APE authorization must hold a bachelors’ degree as well as a credential, such as a Single Subject credential in Physical Education, a Multiple Subjects credential, or a current Preliminary Education Specialist credential. Additional requirements may be required for individuals whose undergraduate work is NOT in physical education. Applicants must meet subject matter competency for physical education via a degree in PE, PE coursework, or the CSET for physical education.

Enclosed you will find the following items:

1. Application for the added APE authorization for summer 2019.

2. Student Objectives and Responsibilities.

Please submit the Application directly to Dr. Rebecca Lytle. Please contact me if you have questions or to determine specific course requirements at (530) 898-4298.

Sincerely,

Rebecca K. Lytle, Ph.D.
Program Director

APE Summer Program
California State University, Chico
Dr. Rebecca Lytle, Program Director

E-mail: rlytle@csuchico.edu
Phone: 530-898-4298
To apply for the Summer 2019 APE Added Authorization Program, submit a complete application package as soon as possible.

**Checklist for a complete Summer 2019 applications**

___ Form A: Application for APE added authorization summer 2019
___ Form B: Applicant Data Survey
___ A typed letter of application (2 pages maximum) which addresses your career goals, including your experience working with individuals with disabilities.
___ One official transcript of all college work
___ Information for three references (Name, Job Title, Phone, Email Address)
___ Two letters of recommendation, from two of the three references above

___ **Priority Deadline January 31, 2019. Final Deadline May 1, 2019.**

Deliver or mail complete TIER application materials to:
Rebecca Lytle, Ph.D.    Phone: (530) 898-4298
APE Program, Kinesiology Department    Email: rlytle@csuchico.edu
CSU, Chico
Chico, CA 95929-0330

Please keep this page for your records.
Application for APE Summer Program
Summer 2019

Name ____________________________________________________________

Street Address ____________________________________________________

City ___________________________ State _____ Zip Code ________________

Home Phone _______________ Work Phone _______________ Cell Phone ____________

SSN ______________________ Date of Birth __________________________

Email address ______________________________________________________

Employment

Place of Employment ________________________________________________

Employment Address ________________________________________________

Position ___________________________ Supervisor ______________________

Course of study at CSU, Chico (check all that apply)

Do you currently have a credential to teach in California?  □ Yes  □ No

   If yes, name of credential(s): ________________________________________

Do you currently have a credential to teach in another State? □ Yes  □ No

   If yes, which state and which credential(s): ______________________________

Are you currently working as a teacher?  □ Yes  □ No

   If yes, please describe): ______________________________________________

Are you bilingual? □ Yes  □ No  If so, which language(s) ______________________

Will you apply for financial aid funds for Fall 2019 at CSU, Chico?  □ Yes  □ No

Education

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<th>Completed Units</th>
<th>GPA</th>
<th>Degree Earned</th>
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Form A
Applicant Data Survey

We consider all applicants without regard to race, color, religion, creed, gender, national origin, age, mental or physical disability, marital or veteran status, sexual orientation, or any other legally protected status. Completing this survey is strictly voluntary.

Your cooperation is appreciated.

Name ___________________________________________ Telephone __________________________

Last First Middle

Address ___________________________________________

Number, Street, Apt City State Zip Code

Referral Source(s)

☐ Advertisement in (name) __________________________ ☐ Conference __________________________

☐ Referred by (name) ___________________________ ☐ Other __________________________

☐ Web site __________________________

Equal Employment Opportunity Identification Groups

Date of Birth: ___________________________ Please check one: ☐ Male ☐ Female

(Month/Day/Year)

Please check one: ☐ Caucasian ☐ African ☐ Hispanic ☐ Asian/Pacific Islander

☐ American Indian/Alaskan Native ☐ Other __________________________

Please check if any of the following are applicable:

☐ Vietnam Era Veteran ☐ Veteran with a Disability

☐ Individual with a disability ☐ Re-entry student

________________________________________________________________________

Signature ___________________________________________ Date __________________

California State University, Chico
Chico, CA 95929-0330

Adapted Physical Education Program
Dr. Rebecca Lytle, Project Director

E-mail: rlytle@csuchico.edu
Phone: 530-898-4298
Adapted Physical Summer Program
Training in Interdisciplinary Education and Research

Student Responsibilities

1. Notify Dr. Rebecca Lytle, program director of the APE Program, of all changes in address. rlytle@csuchico.edu

2. Maintain satisfactory progress toward the degree.
   GPA requirements: GPA 3.0 in each course.

3. All students are expected to attend all classes, demonstrate model academic behavior, be independent thinkers and learners, and be punctual and professional in all interactions with parents, children, peers, and community programs.

4. Add candidates are expected to complete KINE 617 field experience at the completion of all other coursework. This course requires working with students teaching APE in a school setting. Student must complete a minimum of 5 hours per week for the duration of one semester to complete this class. Please discuss this requirement with the advisor if you have questions.