

# COLLEGE OF EDUCATION

## WILLIAM PATERSON UNIVERSITY

### Application for Clinical Practice I

**Instructions:** Please type requested information within each cell. Once completed, print the application and provide it (two pages total) along with four (4) copies of your typed Resume for Clinical Work to your advisor for review and signature. It is your responsibility to ensure that the application package is submitted to the Office of Field Experiences by the posted deadline. **Save this document to your computer, open the saved document, complete, save and then print.**

First Name: Last Name: 855#

Certification Endorsements Academic Major

WP E-mail Home Phone Cell Phone

Address (Street, City, State)

Address During Clinical Practice (Street, City, State)

Current GPA Total Credits Earned High School Attended

Do you have an affiliation with any school district? (Have you or do you substitute or work for a district? Do you have children attending a school? Do you have relatives employed in a school district?) If yes, please list districts and affiliations.

Semester Requested (Fall or Spring and Year)

For what **Clinical Practice I** are you applying? (Select one course number.)

EDUC 4200 (P-3 and P-3/K-6)

EDUC 5170 (K-6 MAT)

EDUC 4110 (K-6)

SMAT 5600(K-12 MAT)

EDUC 4280 (K-12) Content Area

Content Area:

EDUC 4249 (K-12 Music)

EDUC 4185 (PE)

**Application Checklist**

Four (4 ) copies of Resume for Clinical Work included with application

COE requirements are met to take education courses

Application needs to be reviewed and signed by advisor before accepted by OFE

**Documents Required Three Months Prior to Clinical Work**

Additional Comments:

Mantoux Test results

Criminal History Background Report Using WP Code

NJ Substitute License

I understand that by signing this application, I certify the information supplied in this application is complete and accurate and indicates an understanding of the requirements for a clinical experience as listed in the WP COE [Clinical Experiences Handbook](#) . Additionally, my signature documents my understanding and adherence to deadlines for all clinical expectations and that it is solely my responsibility to keep the Registrar and the Office of Field Experiences informed of any and all changes to my name, address, and/or phone number. I understand it is my responsibility to notify the Registrar and Office of Field Experiences in writing if I am postponing or withdrawing from clinical experience.

Candidate Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Must be signed.

**Education Advisor Verification Section**

Please verify that :

the teacher candidate provided a complete, typed application

the teacher candidate will be prepared to participate in clinical experience by the semester requested

the teacher candidate attached four (4) typed copies of the Resume for Clinical Work

the Resume for Clinical Work is of high quality and ready to be sent to school districts

the teacher candidate was reminded that he/she must supply Mantoux Test results, a criminal history background check using the WP codes and a NJ substitute license to the Office of Field Experiences at least three months prior to the clinical experience

the teacher candidate was reminded that he/she must provide PRAXIS Subject Assessment scores for each certification area sought by August 1st to participate in Clinical Practice I in the fall semester and January 1 to participate in Clinical Practice I in the spring semester.

the teacher candidate was reminded that he/she must provide passing PRAXIS Subject Assessment scores for each certification area sought by August 1st to participate in Clinical Practice II in the fall semester and January 1 to participate in Clinical Practice II in the spring semester.

the teacher candidate is advised to not take any non-education major courses during Clinical Practice II

the teacher candidate is aware that he/she needs to maintain a GPA of 3.0 or higher

Advisor Name: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Advisor Comments/Notes: