

COLLEGE OF EDUCATION

WILLIAM PATERSON UNIVERSITY

Application for LDT-C Clinical Component

Instructions: Please type requested information within each cell. Once completed, print the application and provide it along with four copies of your 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.

First Name:

Last Name:

855#:

WP E-mail:

Home Phone:

Cell Phone:

Select ONE:

I am a teacher of record and the LDT-C in my school has agreed to mentor me for 100 hours during my prep, lunch, and/or before and after school.

Name of LDT-C Mentor:

I am working as an LDT-C under emergency certification and have an LDT-C district mentor.

Name of LDT-C Mentor:

School District:

School:

I am a teacher of record and do not have an LDT-C in my building to mentor me **or** I am currently not teaching and will need a placement to complete my 100 hours LDT-C clinical internship.

Address during clinical work (Street, City, State)

Semester Requested (Fall, Spring, Summer)

By signing this form I acknowledge that:

- A. I must attend the clinical orientation at the beginning of the clinical semester. **(For all LDT-C candidates)**
- B. I will need to provide appropriate documentation related to this clinical internship: 1) a signed LDT-C District Permission Letter if completing in your own school **(Only for those completing the clinical in their own school.)** or 2) a NJ DOE Criminal History Background Report using WP reporting codes and possibly a substitute or teaching license and a current Mantoux test result, depending on the school district's requirements. **(Only for those in need of a clinical placement.)**

LDT-C Candidate Signature

Date

WP LDT-C Advisor Signature

Date