COLLEGE OF EDUCATION

WILLIAM PATERSON UNIVERSITY

Application for Clinical Experience

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 Experience (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 Experience are you applying? (Select one course number.)

CIEC 2000 (P-3 and P-3/K-6)	CISE 4110 (K-12 Social Studies)
MUSI 3290 (Music)	CISE 4120 (K-12 English)
PETC 3970 (PE)	CISE 4130 (K-12 Math)
PETC 3980 (PE)	CISE 4140 (K-12 Art)
SPC 3550 (Special Education)	CISE 4170 (K-12 Science)
SPC 6540 (Special Education)	CISE 4180 (K-12 World Language)

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

    Codes 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: