

# COLLEGE OF EDUCATION

WILLIAM PATERSON UNIVERSITY

## School Nurse District Permission Letter

School Nurse Candidate Name: \_\_\_\_\_

School Nurse Candidate 855 number: \_\_\_\_\_

District/School: \_\_\_\_\_

As a requirement of the School Nurse - Instructional Program at William Paterson University, School Nurse - Instructional candidates must complete a supervised clinical internship at a school.

School Nurse-Instructional candidates who are employed as school nurses need to meet the requirements for the School Nurse Program. Therefore, we request that school districts:

Provide the opportunity for the School Nurse candidate to teach a minimum of five (5) health education classes during one semester.

Health Education Mentor: \_\_\_\_\_

Permit a NJ licensed school nurse, arranged by the University, to serve as a consultant in the health office.

Permit a clinical supervisor from William Paterson University to conduct required observations of the School Nurse - Instructional candidate.

By signing this letter, the district / building level administration is giving approval for the above named School Nurse candidate to complete the specified requirements for the program.

Thank you for your assistance with this matter.

Sincerely;

Margaret Renn  
Director, Office of Field Experience  
William Paterson University

Administrator Signature: \_\_\_\_\_ / Date \_\_\_\_\_

Administrator Printed Name: \_\_\_\_\_

District / School: \_\_\_\_\_