School Nurse
District Permission Letter

School Nurse Candidate Name: _______________________________________________________

School Nurse Candidate 855 number: _____________________________________________

District/School: __________________________________________________________________

As a requirement of the School Nurse – Instructional and Non Instructional Programs at William Paterson University, all School Nurse candidates must complete a supervised clinical internship at a school.

The school nurse named above is a (check one):

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

☐ 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, Non - Instructional candidate.

☐ 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 in addition to the above:

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

☐ 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: ____________________________________________________________________________