

NORFOLK STATE UNIVERSITY
Center for Professional Development

**Application for STUDENT TEACHING/
 INTERNSHIP/PRACTICUM**
(Undergraduate and Graduate Clinical Practice)

*****Applications will not be accepted without Passing
 Scores for all required assessments!!!**

<p>For Office Use Only</p> <p>Number of Experiences Required: ____ 1EXP: _____ 2EXP: _____ Placement Division and grade(s)/subject: Director: _____</p>

(*SEMESTER/YEAR in which you plan to student teach/intern/complete practicum)

Major:		Semester:		Year:	
Applicant's Name: (Please Type)					
	Last	First	MI	Student ID	

CERTIFICATION INSTRUCTIONS:

This certification/departmental endorsement is to be completed by the applicant, official representative(s) of the School of Education, and the Department from which the applicant is a major. Preparation of a prospective teacher involves a dual responsibility by both the major department and the Center for Professional Development. All applications will be maintained by the Center for Professional Development. This cover form **MUST** be submitted to the Center for Professional Development without exception, along with each application. Make copies of documents before submitting them to the Center for Professional Development. Personal copies of documents are the responsibility of the applicant. **PLEASE USE BLACK INK WHERE WRITING IS REQUIRED.**

APPLICANT CERTIFICATION:

I certify that I fully understand Norfolk State University's General Policies for Student Teaching and my Teacher Candidate Responsibilities as outlined in the Student Teaching HANDBOOK. I hereby accept the rules of Student Teaching/Clinical Practice.

I further understand that if the prerequisites outlined in the University Catalog have NOT been fully obtained, or failure to provide required background record checks, TB test forms, comply with the rules for Student Teaching, or substandard performance in my Student Teaching/Internship/Practicum may result in my dismissal from the Clinical Practice program.

I fully understand that proof of successful completion of PRAXIS I, PRAXIS II, VCLA, and VRA if applicable to major, admission to Teacher Education, background verification, child abuse recognition certificate, and current tuberculosis/chest x-ray are integral to this application process and I will comply as requested.

I certify that all information given is correct, and that I have completed all requirements for Student Teaching/Clinical Practice. I will be eligible to begin the Clinical Practice in the upcoming semester.

Applicant's Signature

(Date)

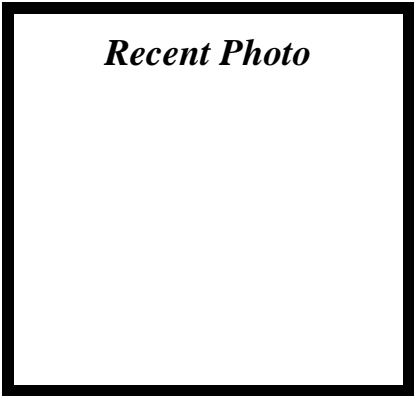
DEPARTMENT ENDORSEMENT:

On the basis of my knowledge of the applicant's preparation and characteristic performance in the subject matter area of _____, I _____ DO _____ * DO NOT endorse this applicant as a worthy and promising

candidate for Student Teaching/Clinical Practice during the upcoming semester.

Department Head, please indicate the University Supervisor:	
Approved by (Advisor):	Date:
Approved by (Major Head of Department):	Date:
Approved by (Secondary Ed. Dept. Head -- if applicable):	Date:
* Comment(s).	

**Norfolk State University
Center for Professional Development**



**Application for STUDENT TEACHING/ INTERNSHIP/PRACTICUM
(Undergraduate and Graduate Clinical Practice)**

Please check (/) applicable program:

MAT INTERNSHIP	<input type="checkbox"/>	<input type="checkbox"/>	CERTIFICATION	<input type="checkbox"/>
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Undergraduate	<input type="checkbox"/>	<input type="checkbox"/>	Non-Certification Practicum	<input type="checkbox"/>
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SECTION I -- Personal Data (Please Type)				
Date of Birth: (MM/DD/YR) (optional)	<input type="text"/>	Gender	<input type="text"/>	Ethnicity
Applicant's Name:	<input type="text"/>		<input type="text"/>	<input type="text"/>
	Last	First	Middle	Student ID
Address: (Local)	<input type="text"/>		<input type="text"/>	<input type="text"/>
	House No. Street Name	City	State	Zip Code
Telephone: (Local)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(Home)	(Work)	(Cellular)	email
Address: (Permanent)	<input type="text"/>		<input type="text"/>	<input type="text"/>
	House No. Street Name	City	State	Zip Code
Telephone: (Permanent)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(Home)	(Work)	(Cellular)	email
Emergency Contact	<input type="text"/>		<input type="text"/>	<input type="text"/>
	(Local-other than where you reside)	(Relationship)	(Phone)	

SECTION II -- Education History				
Name of College attended including NSU:	<input type="text"/>			
Degree Received (BA, BS, etc., and DISCIPLINE)	<input type="text"/>	Graduation Date:	<input type="text"/>	
~ Norfolk State University Information ~				
Advisor	<input type="text"/>			
Major:	<input type="text"/>	Emphasis:	<input type="text"/>	Graduation Date:
Date Admitted to Teacher Education (MM/DD/YY):	<input type="text"/>	Praxis II score:	VCLA <input type="text"/>	VRA <input type="text"/>

SECTION III -- Teaching Related Experience				
Teacher Assistant (YES/NO?)	<input type="checkbox"/>	School System:	<input type="text"/>	How many years?
Substitute Teacher (YES/NO?)	<input type="checkbox"/>	School System:	<input type="text"/>	How many years?

Type	Site	Grade/Level
Volunteer:		
Volunteer:		
Observation (Level I):		
Observation/Participation (Level II):		
Observation/Participation (Level II):		
Observation/Participation (Level II):		
Other:		

SECTION V -- Organization Memberships									
SVEA		NAEYC		CEPC		MENC		OTHER:	

SECTION VI -- Placement Request Information (COMPLETE EACH BLOCK IN THIS SECTION)			
Do you have transportation (YES/NO)?			
* Note - In order to meet the diversity requirement for field experiences, select two different school divisions for your placements.			
* School Division:	(1st Experience)		(2nd Experience)
	Grade level		Grade level
<u>Department Head signature</u> to indicate approval of selected clinical practice locations.			
** Do you have a need for any special requests			If YES, attach a letter or explanation supporting the request.

I certify that all information given is correct, and that I have completed all requirements for Student Teaching/Internship/Practicum.

(Applicant's Signature)	(Date)	(Advisor's Signature)	(Date)
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Attach:

- copy of your Resumé
- copy of your passing PRAXIS I and II, VCLA, and VRA Scores if applicable
- copy of your current Academic Evaluation with original signature of your advisor
- copy of your Child Abuse recognition certificate, background record check, and current TB test
- copy of Norfolk and or Virginia Beach Public Schools request for field experience forms (if applicable)

**Norfolk State University
Center for Professional Development**

Physician's Certificate for Teacher Candidates

Tuberculosis Test

Last Name			First		Middle
Male	Female	Age	DOB (MM/DD/YY)	Race	SSN
Department:				Major:	
Address: (Local)			City	State	Zip
Telephone: (Local)		(Work)	(Pager)	EMAIL	
Address: (Permanent)			City	State	Zip
Telephone: (Permanent)		(Work)	(Pager)	EMAIL	

On the basis of chest x-ray, tests, and/or examinations, I hereby certify that the student identified at the top of this form is diagnosed to be free of communicable tuberculosis as of the date below.

I am a licensed physician in _____ (State or District), United States of America.

Official Stamp (Optional)

Date: _____ Signed: _____

Address: _____

Telephone: (_____) _____

Virginia State Law requires this test. Return this TB Certificate to the Center for Professional Development PRIOR to the teaching experience. Test is to be effective through the entire experience.