

Internship/Field Experience Placement Application Form

Please complete this form to request an internship or field placement through the Office of Clinical Experiences and Student Services (OCESS). This form should be accompanied by a recent TB screening or test (completed within the last 12 months) and VA-HB1 form. College students are subject to a background check prior to beginning of placement. If multiple requests are being made, please complete a separate form for each request. For questions, please contact OCESS at (757) 823-8715 or mdjones@nsu.edu. Thank you for completing the request by the deadline set on the OCESS calendar for this experience.

1. First and Last Name

2. Major(as shown on self-serve)

3. Email Address (please list an email address that your school email. Please check regularly; we will use this email to communicate with you about your placement)

4. Telephone Number with area code

5. Request For (Put an "x")

<input type="checkbox"/>	10 Hour Observation
<input type="checkbox"/>	20 Hour Observation
<input type="checkbox"/>	Practicum Teaching Experience

6. Semester (Put an "x")

<input type="checkbox"/>	Fall
<input type="checkbox"/>	Spring
<input type="checkbox"/>	Summer

7. Year

8. Please provide an explanation of the purpose of the request for placement.

9. Initial & Number of course which this placement is required (for example EDU 201)

10. College Professor of record for course

11. Grade & Subject Level Requested (Please note: we cannot guarantee that you will be placed within a specific grade level requested)

12. School/ Site/ Center: Include name, address, and contact name and number for placement
(Please note: we cannot guarantee that you will be placed at the site requested)

13. Proposed Beginning Date of Placement(See OCESS Calendar on OCESS website for dates)

14. Proposed Ending Date

15. Are you currently an employee at the requested placement? (Place an "x")

 Yes No

16. If yes, what is your position, school, and the name, email & phone contact for your supervisor? Please be aware that any placement hours may not interfere or conflict with scheduled working hours. (Note: OCESS discourages placements at work sites. We verify with your professors & supervisor for prior approval.)
Please put N/A if not applicable.

17. Please upload a copy of your recent TB test or screening. If you have not yet obtained a TB test/ screening. You may submit this request form and provide a copy of the results later.
(Add a file with submission)

18. I, the undersigned, certify that the foregoing is true and correct. I understand that I am requesting a field placement and that the site may, at its discretion, decline any request. I understand that I have attached all applicable forms. I understand that I am responsible for the cost of my background and TB test. Further, if I am approved to complete a field placement, I agree to the following: I am completing a field placement without any promise, expectation, or receipt of compensation for services; I will not in any way access,

divulge, copy, release, sell, loan, review, alter, or destroy any confidential information except as properly authorized within the scope of my work; and that I will abide by all applicable placement policies and procedures and with all applicable laws. I am working under the supervision of the department executive, school Principal, or the site's designee; I will immediately notify the cooperating teacher and OCESS upon being charged with any crime; any fraudulent application, violation of confidentiality, disruption, or violation of the above provisions. Any default may result in termination of my status as a field placement participant.

- I have read and agree to the terms outlined
- I have read, but do not agree to the terms outlined. (Note that a refusal will result in a denial of placement request)

Signature and Date (A typed signature that is sent from your email is creating a legal binding agreement)

Background Verification Form
Addendum to Field Experience

Verification Form Directions: Read the **4** statements below carefully and then print your **name**, add your **signature** and **date** below the statement you can verify. Ensure you add only **ONE** signature and date. The form will need to be resubmitted if two signatures are noted.

I have not been convicted of a violation of law other than a minor traffic violation.
I do not have any criminal charges or proceedings pending against me.
I do not have a felony, misdemeanor, or other offense for drugs, sexual abuse, and/or child abuse.
I understand that if the above-mentioned conditions are violated, it can result in cancellation of the field experience.

Application Directions: Only verify **ONE** statement that is applicable to you regarding the 4 statements you carefully read above. When submitting requests for field placements by your **signature** and the **date to the correct** statement. The Background Verification Form will need to be redone if two signatures are noted:

Statement A: *If you are able to verify the above statements when submitting requests for field placements, please sign and date below:*

Print Name	Signature	Date

Statement B: *If you are unable to verify one or more of the above statements, please give a brief explanation below and schedule a conference with the Director, OCESS. Please sign and date below text box:*

Student Comments:		
Print Name	Signature	Date