

NCOP & OTHER NON-LICENSURE TEACHING PROGRAMS

CULMINATING PRACTICUM APPLICATION

(TYPE THIS DOCUMENT)

OCESS Office Use ONLY	
Site/Child Care/ School Division and Grade/Subject:	<input style="width:90%;" type="text"/>
Director/ Supervisor/Principal:	<input style="width:90%;" type="text"/>
Email Contact:	<input style="width:90%;" type="text"/>

Please check (x) for all applicable areas:

Insert Recent Photo Here:

NON-CERTIFICATION GRADUATE	<input type="checkbox"/>
NON-CERTIFICATION UNDERGRADUATE	<input type="checkbox"/>
NCOP	<input type="checkbox"/>

(Photo)

Directions: The college student **MUST** identify the semester and year in which the field experience will occur. **NOTE:** The request **MUST** be received the semester before the experience is to begin. See OCESS calendar for submission dates.

Major (See: MYNSU self-serve):	Semester:	Year:
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Section A: Student Information

Last Name:	First Name:	MI:	NSU ID #:
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Local Contact Information			
Address:	City:	State:	Zip Code:
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Cellphone:	Alternate Phone:	NSU Email:	Other Email:
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Permanent Contact Information			
Address:	City:	State:	Zip Code:
Telephone:	Alternate Phone:	Other Email:	

Demographic Information	
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/>
Ethnicity:	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> African American/Black <input type="checkbox"/> <input type="checkbox"/> Hawaiian/ Pacific Islander <input type="checkbox"/> Hispanic/Latino/Latinex <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other (Specify) <input type="checkbox"/> White/Caucasian/European American <input type="checkbox"/>
First Generation College Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Military Affiliation	<input type="checkbox"/> Active <input type="checkbox"/> Dependent <input type="checkbox"/> Retired <input type="checkbox"/> None
English Language Learner:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B: Employment

Are you currently employed within a Site/ Childcare Center/ School division?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please put (N/A) in box below	
If yes, please list the employer's name(s)	<input type="text"/>

Section C: Removing an "I" (If not, go to section D)

Are you removing an "I" from a course? (Mark an x) Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes</i> , please list the semester/year: <input type="text"/> Course Abbreviation & Number <input type="text"/>
<u>Instructor's Signature is required if competing a course where an "I" was received</u>
If the instructor is no longer at NSU or on leave, contact the chair of the course's department for support and a signature.
Instructor's Signature: <input type="text"/> Date: <input type="text"/>

Section D: Placement Information

Directions: To meet the **diversity requirement** for field experiences, select **two** different Site/ Childcare Center divisions for your placements. *Please select either local or out of state choices. Do not choose both.*

<p><u>Choice 1</u> Site/ Childcare Center Request (LOCAL) Site/ Childcare Center Preference (name of Site/ Childcare Center): <input type="text"/> Site/ Childcare Center District Preference: <input type="text"/></p> <p><u>Choice 2</u> Site/ Childcare Center Request (LOCAL) Site/ Childcare Center Preference (name of Site/ Childcare Center): <input type="text"/> Site/ Childcare Center District Preference: <input type="text"/></p>
<p><u>Choice 1</u> Public Site/ Childcare Center Request (outside of HAMPTON ROADS) Site/ Childcare Center Preference (name of Site/ Childcare Center): <input type="text"/> Site/ Childcare Center District Preference: <input type="text"/></p> <p><u>Choice 2</u> Public Site/ Childcare Center Request (outside of HAMPTON ROADS) Site/ Childcare Center Preference (name of Site/ Childcare Center): <input type="text"/> Site/ Childcare Center District Preference: <input type="text"/></p>

Initial next to each statement after reading: **(INITIALS & SIGNATURES MUST BE HANDWRITTEN OR DOCUSIGNED)** No checkmarks, please.

- I have attached all the additional forms for school divisions, agencies, and other childcare related documents
- I have either attached a current negative TB test or a current negative TB test is already on file with the OCESS.
- I have attached the **VA HB1** waiver form.
- I have included proof of **liability insurance** and **professional membership (SVEA membership satisfies this portion)**.
- I have attached copies of required certificate (**Child Abuse Recognition**).
- I have attached a current **transcript** or **EVAl** as proof of completed program requirements that make me eligible for this field experience.
- I have obtained departmental endorsement for this NCOP Practicum or Non-Certification Practicum experience.
- I have attached a current **Background Check** (within 2 year prior to this experience) on file with the OCESS.
- I have inserted copy of my photo (headshot only)

Applicants Signature:

Date:

Departmental Endorsement

On the basis of my knowledge of the applicant's preparation and characteristic performance in the subject matter area of, my **signature** below indicates **I ENDORSE** this applicant as a worthy and promising candidate for the **NCOP or Other Non-Certification Practicum Experience** during the upcoming semester noted.

Teacher Education Program Advisor's (Print):	Teacher Education Program Advisor's Signature:	Date:
Name of assigned University Supervisor:		
Department Chair's Name (Print): (Department Chair's provides the name of the University Supervisor for the Student Teaching Field Experience.)	Department Chair's Signature:	Date:

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 Teacher Candidate Comments:		
Print Name	Signature	Date