



For Office Use
Assigned _____
Letter Sent _____
Completed _____ (Forms A, S, V)

COLLEGE OF EDUCATION
 1200 MURCHISON ROAD
 FAYETTEVILLE, NC 28301
 OFFICE: 910-672-1587 * FAX: 910-672-2537

Date: _____

CLINICAL EXPERIENCE APPLICATION

Key in information

Banner# _____

PERSONAL INFORMATION

Name _____ SSN _____
Last First M/Maiden

Current Address _____ Phone _____
Street, City, State, Zip Code

Permanent Address _____
Street, City, State, Zip Code

Email _____ BANNER # _____ Phone _____

ADDITIONAL INFORMATION

Check appropriate answer:

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had a teaching license suspended or revoked? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been asked to resign from a position of employment? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of violations of law other than a minor traffic ticket? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have criminal charges or procedures pending? |

If your answer to any of the above questions is yes, explain on a separate page and attach.

Disclaimer Statement:

Participation in any field or clinical experience is dependent upon your acceptance by the appropriate city or county school system. Fayetteville State University does not make the final determination of your fitness for placement in an individual school. You should also be aware that individual schools or school systems will conduct a criminal background check on you and may require it to be at your expense. Incidents noted on your background check may affect your future as an educator. School districts may deny the School of Education's request to allow you to complete observation hours or student teaching in their respective schools based on the results of your background check.

You will not be able to complete your education program and will have to change your major if no public school district within 60 miles of the institution is willing to accept you for the experiential components of your program based on the results of your background check.

Admission into teacher education or clinical experience at Fayetteville State University does not guarantee licensure by the State of North Carolina. Applicants must satisfy licensure requirements defined by law/statute and interpreted by the North Carolina Department of Public Instruction. If there are any incidents noted on your background check, you may have to appeal to the North Carolina Department of Public Instruction when attempting to obtain a North Carolina Teaching License.

I have read and understand the above statement.

 Signature
 Office of Teacher Education

 Date
 Revised 09/2019 Traditional 1

DEPARTMENT INFORMATION

(To be completed by Department Chair)

GPA _____ **Expected date of Graduation** _____

This candidate:

- . has been admitted to Teacher Education _____ (Semester/year)
- . has completed all general education courses
- . has completed departmental and/or specialty area requirements
- . is recommended for clinical experience

Yes	*No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Department Chair Signature _____ **Date** _____

***Note any exceptions to the above statements.**

APPLICANT’S RELEASE FOR AFFIRMATION

(Initial each statement)

- I understand no assignment is official until written notification is received from the Office of Teacher Education.
- I understand assignments are made in accordance with needs of the school system.
- I understand any false information, misrepresentation, and or any required information omitted will be sufficient grounds for dismissal from clinical experience.

Frequently, we receive requests from school systems for names and addresses of teacher candidate. Do you wish your name to be released for such inquiries? Yes No

CLINICAL EXPERIENCE FEES

The capstone clinical experience (student teaching) course will provide practical experiences in the field. Candidates are assigned to master teachers who serve as cooperating teachers. Each cooperating teacher receives a stipend to acknowledge his/her professional role in assisting the College of Education (COE) in preparing effective educators. Therefore, effective fall 2014, each candidate enrolling in the **Capstone Clinical Experience (Student Teaching) course** will be assessed a **student teaching fee of \$200.00**, which will be paid in totality to each cooperating teacher. The courses identified here will trigger the student teaching fee: **ELEM 471, EDMG 470, EDUC 480, SPED 470, SPED 641, and EDUC 697**. The fee will be assessed every semester that a candidate is enrolled in one of the courses listed above.

FIELD EXPERIENCE FORMS

I am aware that the completed *Early Disposition Inventory and Field Experience Timesheet Forms* for field experience courses must be submitted with this application.

Applicant’s Signature _____ **Date** _____

LICENSURE AREA: Bachelor’s Master of Teaching (MAT) MAT (Residency)

Licensure Only Licensure Only (Residency) EESLPD

- | | |
|---|---|
| <input type="checkbox"/> ELEMENTARY K-6 (PATH) | <input type="checkbox"/> BIRTH-KINDERGARTEN |
| <input type="checkbox"/> MIDDLE GRADES (6-9) | SUBJECT AREA(S) _____ |
| <input type="checkbox"/> SECONDARY GRADES (9-12) | SUBJECT AREA(S) _____ |
| <input type="checkbox"/> SPECIAL SUBJECTS (K-12) | SUBJECT AREA(S) _____ |
| <input type="checkbox"/> SPECIAL EDUCATION GENERAL CURRICULUM | |

UNIVERSITY-SCHOOL PARTNERSHIPS:

There are **ten** local educational agencies (LEAs) included in FSU University-School Partnership. They are ***Bladen, Columbus***, (including ***Whiteville City***), ***Cumberland*** (including ***Fort Bragg***), ***Harnett, Hoke, Johnston, Lee, Robeson, Sampson***, and ***Scotland*** Counties.

Indicate a **first** and **second** choice for clinical experience placement from the LEA’s listed. **This does not guarantee any particular placement**, only that your preference will be considered.

1. LEA _____

List 3 schools in order of preference

2. LEA _____

List 3 schools in order of preference

	Yes	No
Are you related to anyone employed at the site your requested?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a child or children at the site you requested?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently employed at the site you requested?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered *yes* to any question above, provide an explanation below.

APPLICANT ESSAY QUESTIONS

Respond to the statement below and **two** of the four questions. Provide a one page answer to each question. *Use a 12-pt font and single spacing, double spacing between paragraphs.*

Give a brief autobiographical sketch of yourself as an educator, highlighting significant experiences relevant to your career decision to become a teacher.

Select two of the following:

1. How would your classroom reflect increased demands for accountability in math, reading, and writing? What plans would you put in place to meet the needs of students not achieving at grade level?
2. Choose a current issue in education and discuss your views and show how these views are reflected in your teaching?
3. Describe strategies you will use to strengthen parental involvement in the education of your students?
4. Discuss qualities and skills that will enable you to reach and teach diverse student populations successfully?

Teacher Education Committee Approval

Director of Teacher Education _____ Date _____

School Assignment _____ Date _____

Clinical Educator (P-12) _____ Grade/Subject _____

Submit (2) copies of this application and an official audit to your Department Chair