



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:*

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <b>Yes</b>               | <b>No</b>                |  |
| <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 11/2020 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	<b>Yes</b>	<b>No</b>
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.**

\_\_\_\_\_  
\_\_\_\_\_

***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.**