

**CERTIFICATE OF SERVICES RENDERED
OFFICE OF TEACHER EDUCATION
FAYETTEVILLE STATE UNIVERSITY
Fayetteville, North Carolina**

(Current Semester/Year)

I certify that I have worked at least 50 days on behalf of Fayetteville State University **serving as a clinical educator (P-12/cooperating teacher in the supervision of a candidate and submitted at least four (4) evaluations for this candidate.**

_____ CLINICAL EDUCATOR (P-12)		_____ SOCIAL SECURITY NUMBER	
_____ GENDER	_____ SCHOOL PHONE NUMBER	_____ SCHOOL FAX #	_____ HOME PHONE NUMBER
_____ SCHOOL		_____ CLINICAL EXPERIENCE CANDIDATE	

FOR OTE USE ONLY

BUDGET ACCOUNT NUMBER _____

TOTAL _____

APPROVED BY _____

DATE SUBMITTED TO BUSINESS OFFICE _____

SEND CERTIFICATE TO
(To be completed by Clinical Educator (P-12)/Cooperating Teacher)

NAME _____ EMAIL _____

ADDRESS _____

- *Effective Fall 2014, in addition to this form, all Cooperating Teachers must fill out a W-9 form.*
- *Per our accounts payable department, your form is required to process your stipend.*
- *The link to the fillable W-9 has been included in your email for your convenience.*

Thank you.

RETURN THIS FORM TO: Fayetteville State University, Office of Teacher Education, Butler Building, Room 243
Fayetteville, NC 28301

ATTENTION: Jenny E. Washington, Director of Teacher Education