



School of Education

Office of Certification and Field Experience

Applying For: Fall (Due Feb.15) Spring (Due Sept 15)
Year: _____

Please select course # _____

APPLICATION FOR FIELD EXPERIENCE

The Praxis must be passed before your ED449/470 clinical practice year.
Your placement will be delayed a semester or longer if this timeline isn't met!

This form does not replace registration. You must still register for the course.

Practicum information: _____

Last Name: _____	Student ID #: _____
First Name: _____	University Email Address: _____
Street Address: _____	Cell phone: _____
City/Town: _____	Home phone: _____
State: _____ Zip Code: _____	

Please check:	Commuter	Dorm Resident
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Student Division:

Undergraduate	Postbac	Adult Undergraduate
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Please enter your two majors:

Academic major: _____	Education major: _____
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Anticipated certification(s) Check all that apply:

Elementary K-6	Early Childhood P-3	Secondary K-12 Content :	Middle School Content Area:	TOSD
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PRAXIS INFORMATION

Praxis Test(s) Passed:

Have you passed the Educator Preparation Entry Assessment (Core Academic Skills for Educators) # 5752?
(all three sections must be passed; Reading, Writing, Math) Yes No Exempt

Praxis information: _____

Have you passed the Praxis Test(s) for your specific licensure area(s)? *Yes No If yes, please list:

Test Number/Test Name:	*Passing Test Score:	Test Date:
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*Please enter "Passed" as test score if you passed all 4 sections of the Elem Ed Multiple Subjects Praxis (5001); for all other tests, please enter your score(s).
A copy of your official passing Praxis score report must accompany this form. You MUST pass the praxis before registering in ED449 or ED520.

PREVIOUS FIELD PLACEMENT ASSIGNMENTS

Semester	Course/Title	School/Location	Grade Level	Hrs completed

Request for Field Placement

A new form must be filled out for each semester.

We will give your preferences consideration, however, this is not a guarantee of placement.

Please note that the inclusion of diverse districts is required to enrich student field experiences. A school that you have previously completed hours in cannot be requested again, with the exception of ED449 (Undergrad) or ED520 (Post bac) Interns who will continue with their clinical practice in the same placement the following semester, to meet NJDOE "full year" clinical practice requirements. Student Interns and Clinical Interns may list schools only in the following counties unless approval is given by the Director of Field Based Education: Bergen, Essex, Middlesex, Morris, Passaic or Union.

1st choice

2nd choice

District: _____
School Name: _____
Address: _____
Telephone: _____
Grade Preference: _____

District: _____
School Name: _____
Address: _____
Telephone: _____
Grade Preference: _____

Do you have any members of your immediate family currently employed in either school district? Yes No

If yes, please state the district, school, position and your relationship: _____
(Please understand that placement in the same school as an employed family member or friend is not permitted, unless approved by the Director of Field Based Education)

Do you have a car? Yes No If no, what transportation would you use to reach a school site? _____

Did you complete a criminal history background check/fingerprinting? Yes No

Do you have a substitute license? Yes No

(Most districts are requiring substitute certificates or fingerprinting and background checks before accepting students for observation hours, internships or clinical practice. Students are encouraged to apply for their substitute license after 60 college credits. The process will include the background check and fingerprinting.)

Did you obtain NJEA membership, which includes insurance coverage? Yes No

If yes When? (semester and year) _____ (we will let you know if renewal is required).

If No, what insurance are you covered under _____

(NJEA insurance protects you in the classroom while you are doing observation hours or your clinical experiences)

Is your mantoux test current? Yes No

(A mantoux test is required and is valid for only one year. It must be current during the time students are in school districts for their field experience or clinical practice. Please make sure you have a copy of your valid results before starting in the school)

Are you currently under contract with a school or school district? Yes No

If Yes: School/District: _____ Position: _____

Signature

By signing this application, I certify that

- the information I have given in this application is complete and accurate and indicates my understanding of the field placement requirements for observation, internship or clinical practice.
- my signature verifies that I understand I must meet the application deadlines. A late application may result in not securing the placement and therefore having to drop the course.
- it is my responsibility to inform the Office of Field Experience of any changes to this application, especially if I decide to withdraw from or change this course. Failure to do so may result in delays in processing my application or not securing a placement.
- I understand that a passing Praxis score is required before my **full year** of clinical practice, **ED 449/ED 470** or **ED 520/ED 470 (postbac)**. I will not be eligible to begin my clinical practice until after I have met this requirement. This could result in delaying my clinical practice a semester or longer.

Signature: _____ Date: _____

Director's Signature: _____ Date: _____