

The dates for filing an application for Clinical Experience in Special Education for the Graduate Endorsement: Teacher of Students with Disabilities program are:

**Spring** – August 1 to October 15\*

**Summer or Fall** – February 15 to March 15\*

\*If the date falls on a weekend or holiday applications will be accepted on the following business day.

During the application period Teacher Candidates who will be eligible for Clinical Experience in Special Education should:

- Read the instructions for completing the applications.
- **Clinical Experience in Special Education (Non CGCE students)** –Type and return 1 copy\* to the program coordinator, Dr. Joy Xin.
- **Clinical Experiences in Special Education (CGCE students)** – Type and return 1 copy\* to Academic Advisor, Ms. Gina Gondos.
- All candidates applying **after the deadline** date must appeal to the Clinical Practice Appeals Committee and will be assessed a late fee of \$100 if the appeal is granted. Application appeals will only be accepted up to one month after the application deadline. Please call (856) 256-4420 to schedule an appointment with the appeals committee.

PLEASE NOTE: As original signatures are required, no faxed applications will be accepted.

If you have any questions regarding field placement, eligibility, or the application process please schedule an appointment with your College of Education academic advisor. To schedule an appointment with Ms. Gina Gondos (CGCE) please call (856) 256-4420. To schedule an appointment with Dr. Joy Xin please call (856) 256-4734. Plan ahead to ensure you are able to see your advisor prior to or during the application period.



Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Office of Field Experiences

College of Education

Clinical Experience in Special Education – Graduate Endorsement

CANDIDATE DATA Part A

Name: \_\_\_\_\_ Rowan ID No: \_\_\_\_\_

Address: \_\_\_\_\_

City-State-Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of last TB test\*: \_\_\_\_\_ CGCE: \_\_\_\_\_

Rowan E-Mail\*\*: \_\_\_\_\_

Residence during clinical experience: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ County: \_\_\_\_\_

\*Provide Mantoux (TB) test results to the school nurse at your assigned school on the first day.

\*\* All e-mail correspondence will be through Rowan e-mail only.

CANDIDATE DATA Part B

Please check the appropriate descriptor(s).

1. Placement is requested for the following time period:

Fall (8 week placement beginning first day of semester)

Spring (8 week placement beginning first day of semester)

Extended School Year Placement/Summer (Start date to be determined by ESY Program)

Term \_\_\_\_\_ Module \_\_\_\_\_ (CGCE Only)

2. Placement by Office of Field Experiences is required. (Student is not currently employed by a school district)

Placement Preference:

a. Check Level Preferred: Elementary Middle School Secondary

NOTE: Placement in preferred grade level is not guaranteed.

Do you have an affiliation with any school district? (e.g., Are you or any member of your family currently or previously employed, have a volunteer position (Board Member), or attended a school in this district?) YES NO

If yes, please state the school and district, position, relationship to you and most recent date of affiliation:

Do you currently hold a valid NJ Substitute Teacher Certificate? YES NO

If yes, attach a copy of valid substitute certificate.

3. Placement is in my current place of employment and I am employed, full-time/long-term substitute, as a special education teacher or in a general education classroom that includes several students with individualized education plans

District: \_\_\_\_\_ County: \_\_\_\_\_

School: \_\_\_\_\_

Grade/Class: \_\_\_\_\_

Contact Person: \_\_\_\_\_



Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Office of Field Experiences

College of Education

**Clinical Experience in Special Education – Graduate Endorsement**

**CANDIDATE DATA Part A**

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Residence during clinical experience: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ County: \_\_\_\_\_

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**CANDIDATE DATA Part C**

**Prerequisite professional courses – must be completed prior to clinical experience.**

**NOTICE TO APPLICANT**

Clinical Experience in Special Education at Rowan University is the culminating experience applying prior professional studies and knowledge of the teaching specialty previously developed. The candidate is responsible for fulfilling all the following necessary conditions for the Clinical Experience in Special Education.

1. Formally matriculated into the Graduate Endorsement Program: Teacher of Students with Disabilities.
2. A minimum overall GPA of 2.75 with a “C-” or better in all course work.
3. Completion of required program courses.
4. Permission of Program Advisor.
5. **The candidate must maintain the above conditions in order to be eligible for Clinical Experience.**
6. **Application must be submitted during established application periods:**

Spring Semester – August 21 – October 15

Summer or Fall Semesters – February 15 – March 15

**I READ AND UNDERSTAND THE ABOVE STATEMENT.**

**Candidate:**

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

**TO BE COMPLETED BY PROGRAM ADVISOR**

As of this date and a review of past and current courses, this student is tentatively eligible for a clinical experience assignment. However, candidate must maintain grades for future required courses as outlined above.

**Approved by:**

\_\_\_\_\_  
(Candidate Advisor)

\_\_\_\_\_  
(date of approval)

ROWAN UNIVERSITY  
College of Education

Certification Program Eligibility Affidavit

***This form is to be completed by those students who are applying for entrance into a teacher education certification program. The State of New Jersey will not issue a teaching certificate, in most cases, to anyone with a criminal history per N.J.A.C. 18A:6-7.1.***

I, \_\_\_\_\_, swear/affirm that I have not been convicted nor do I have any charges pending for the following crimes or offenses:

Any crime of the first or second degree;

Any crime bearing upon or involving sexual offense or child molestation, as set forth in Chapter 14 of Title 2C of the New Jersey Statutes;

Any crime of endangering the welfare of a child or an incompetent person, including sexual conduct which would impair or debauch the morals of a child or incompetent, pursuant to N.J.S.A. 2C:24-4 and N.J.S.A. 2C:24-7;

A crime of child abuse, abandonment, cruelty or neglect, pursuant to N.J.S.A. 9:6-1 et seq.;

An offense of resisting arrest or eluding an officer, pursuant to N.J.S.A. 2C:29-2;

An offense involving the possession, manufacture, transportation, sale, distribution or habitual use of a "controlled dangerous substance" as defined at N.J.S.A. 2C:35-1 et seq. or of "drug paraphernalia" including hypodermic needles as defined pursuant to N.J.S.A. 2C:36-1 et seq.;

Any crime involving the use of force or the threat of force to or upon a person or property, including, but not limited to, robbery, aggravated assault, stalking, kidnapping, arson, manslaughter and murder;

Any crime of possessing weapons, as set forth in N.J.S.A. 2C:39-1 et seq.;

A third degree crime of theft or a related offense, as set forth in N.J.S.A. 26:20-1 et seq. or Chapter 20 of Title 2C (theft);

Recklessly endangering another person, N.J.S.A. 2C:12-2;

Issuing terroristic threats, N.J.S.A. 2C:12-3;

Criminal restraint, N.J.S.A. 2C:13-2;

Luring or enticing a child into a motor vehicle, structure or isolated area, P.L. 1993, c. 291;

Causing or risking widespread injury or damage, N.J.S.A. 2C:17-2;

Criminal mischief, N.J.S.A. 2C:17-3;

Burglary, N.J.S.A. 2C:18-2;

Usury, N.J.S.A. 2C:21-19;

Threats or other improper influence, N.J.S.A. 2C:27-3;

Perjury and false swearing, N.J.S.A. 2C:28-3;

Escape, N.J.S.A. 2C:29-5; or

Conspiracy to commit or an attempt to commit any of the crimes described above.

I have read and understand this statement to be true and accurate. I am aware that if I sign this statement and the statement is false I could be subject to punishment. Further, I agree to inform Rowan University immediately if I am charged with or convicted of any of the above listed crimes or offenses subsequent to the date of my signature.

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature  
(Must be 18 years of age or older)

\_\_\_\_\_  
Date

**If you are uncomfortable in signing this certification, contact the Executive Director, Student Services Center, Office of Field Experiences, or your advisor for guidance.**