

Semester: _____ Year: _____

Office of Field Experiences
College of Education
APPLICATION FOR CO-TEACH/MST INTERNSHIP I PLACEMENT

Name: _____ Rowan ID No: _____
Address: _____
City-State-Zip: _____ County: _____
Phone Number: _____ Date of last TB test*: _____
Rowan E-Mail**: _____

Residence during internship: _____

Phone Number: _____ **Cell Phone:** _____ **County:** _____

**Provide Mantoux (TB) test results to the school nurse at your assigned school on the first day. Test must be done within six months of internship start date.*

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

1. Indicate below each New Jersey high school you have attended:

A. _____ B. _____
(School) (City) (School) (City)

2. What mode of transportation do you plan to use? (Check One)

A. My own transportation B. Public Transportation C. Special Transportation

If you have special transportation needs, please specify (e.g. If there is a need to partner with someone that has an auto provide candidate name):

3. Do you have an affiliation with any school district? (e.g. Are you or any member of your family currently employed by, have been employed by, or are or have been a volunteer (board member). (Check one) YES NO

If yes, please state the district, position, and most recent year:

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

If yes, is this valid statewide or county-specific (identify county)? _____

5. Please enter the name of the classmate you wish to be paired with during the experiences:

6. Grade Level Preference (check one): Upper elementary (grades 3, 4, or 5)

Lower elementary (grades K, 1 or 2)

7. Placements will be requested in classrooms with ICS (In-Class Support); however, this type placement may not be possible. If not, please choose an alternate Special Education setting (check one)?

RC (Resource Center) or **SC** (Self-Contained)

Requests will be made based upon preferences; however, a confirmed placement may not comply.

Student Signature: _____ Date: _____



NOTICE

All Rowan students planning Clinical Practice or other Field Experience in New Jersey public schools . . .

The State of New Jersey mandates that every college student who “...WORKS INDOORS AND HAS CONTACT WITH PUPILS 20 OR MORE HOURS PER MONTH...” be tested for tuberculosis within six months of coming into contact with pupils in the schools of New Jersey.

If you have been tested within six months of contact with pupils, take test results to the Student Health Center, Linden Hall, where it will be recorded for future reference. *Be sure to take a copy to the nurse at the school where you are assigned to do your Field Experience or Clinical Practice.*

If you do not have evidence of a Mantoux test within the required six months, you must take care of this requirement before beginning any Field Experience in a New Jersey public school setting.

College students transferring between school districts within New Jersey do not have to be retested if there is documented record of a Mantoux test being administered upon the student’s initial Field Experience.

PLEASE NOTE: Prior to the start of Clinical Practice or full day Field Experience, school districts may require a valid Mantoux negative result that is not older than six months. It is recommended that you obtain a new Mantoux test prior to the start of such assignments if you have not been tested within the past six months.

IT IS *YOUR* RESPONSIBILITY TO MAINTAIN PROOF OF YOUR CURRENT MANTOUX TEST RESULTS.

FAILURE TO MEET THIS REQUIREMENT WILL DELAY YOUR FIELD EXPERIENCE.

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