



Semester _____ Year _____

Office of Field Experiences

College of Education

MST Clinical Internship II Placement Application

CANDIDATE DATA Part A

Name: _____ Rowan ID No: _____
Address: _____
City-State-Zip: _____ County: _____
Phone Number: _____ Date of last TB test*: _____ CPCE: _____
MST- Elementary MST-SME SME Major: _____ Rowan E-Mail**: _____
Residence during clinical 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 Clinical Practice start date.
** All e-mail correspondence will be through Rowan e-mail only.

FORM #1 CANDIDATE DATA Part B

Each candidate must inform the Office of Field Experiences (OFE) of his/her current data for up to one year after completing clinical practice. Candidates must report data changes immediately to the Office of Field Experiences by submitting the Change in Candidate Data Form found on the OFE web site.

IMPORTANT: Check this box if you are a Collaborative Education Candidate

1. Indicate below each high school you have attended in New Jersey. COE policy prohibits a candidate from being placed in school he/she has attended or has an affiliation (see #2).

a. _____ (school) (city) b. _____ (school) (city)

2. 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:

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

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

3. Do you have any special transportation needs that would affect your placement site? YES NO

a. If yes, please explain below.

FIELD EXPERIENCE DATA

1. List grade level preferences below. NOTE: Grade level preference placement is NOT guaranteed.

Elementary Education (Check grade span): Lower Elementary (Grades K, 1 or 2) Upper Elementary (Grades 3, 4 or 5)

Secondary Education (Check grade span): 6-8 9-12 6-12

Science and Business majors must list their concentration (e.g. Science – Biology) – (Business – Accounting). English, Mathematics, Social Studies, and Spanish majors list N/A for concentration.

2. List Licensing Subject : _____ and Concentration: _____



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FORM #2 CANDIDATE DATA Part C

1. List the certification program related coursework that will be completed prior to Clinical Internship II.

Table with 2 columns: LIST UNDERGRADUATE DEGREE AND COURSES THAT ALIGN WITH YOUR TEACHER CERTIFICATE PROGRAM, COURSES COMPLETED IN MASTERS IN TEACHING OR COLLABORATIVE EDUCATION GRADUATE PROGRAMS

2. Candidate is a graduate of _____ High School

3. List your university activities, work experience, hobbies, travel, community activities and other interests.

Candidate: _____ (signature) _____ (date)

TO BE COMPLETED BY CANDIDATE ADVISOR

As of this date and a review of past and current courses, this student is tentatively eligible for a clinical practice 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.**